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A Comparison of Perceived Stress, Job Satisfaction and Professional Quality of Life in Occupational Therapists Working in Neurologic, Pediatric and Psychiatric Rehabilitation: A Cross-Sectional Study

Nörolojik, Pediatrik ve Psikiyatrik Rehabilitasyonda Çalışan Ergoterapistlerde Algılanan Stres, İş Tatmini ve Mesleki Yaşam Kalitesinin Karşılaştırılması: Kesitsel Bir Araştırma

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ABSTRACT Objective: Occupational therapists' levels of perceived stress, job satisfaction, and professional quality of life may vary depending on the working areas. The study aimed to compare the perceived stress levels, job satisfaction, and professional quality of life of occupational therapists (OTs) working in neurological, pediatric, and psychiatric rehabilitation fields. **Material and Methods:** Eighty-six OTs working in neurological, pediatric, and psychiatric rehabilitation fields participated in the study. Data were obtained with Sociodemographic Form, Perceived Stress Scale, Minnesota Job Satisfaction Scale, and Professional Quality of Life Scale (ProQoL). **Results:** All OTs working in pediatric, psychiatric, and neurologic fields had similar mean scores on perceived stress, job satisfaction, and professional quality of life. While there was no difference in terms of perceived stress, job satisfaction, and professional quality of life scores according to occupational therapists' working areas, the Compassion Satisfaction subscale of the ProQoL mean scores of OTs working in pediatric rehabilitation were statistically higher than OTs in neurological and psychiatric rehabilitation. **Conclusion:** OTs across different rehabilitation fields exhibit similar levels of perceived stress, job satisfaction, and overall professional quality of life, with those in pediatric rehabilitation experiencing higher compassion satisfaction. Further research is recommended to explore the factors contributing to increased compassion satisfaction in pediatric settings and consider strategies to enhance this aspect in other rehabilitation fields.

Keywords: Perceived stress; job satisfaction; professional quality of life; occupational therapist

ÖZET Amaç: Ergoterapistlerin algılanan stres düzeyleri, iş doyumu ve mesleki yaşam kalitesi çalışma alanlarına göre değişiklik gösterebilir. Çalışmanın amacı; nörolojik, pediatrik ve psikiyatrik rehabilitasyon alanlarında çalışan ergoterapistlerin algılanan stres düzeyleri, iş doyumu ve mesleki yaşam kalitelerini karşılaştırmaktır. **Gereç ve Yöntemler:** Çalışmaya; nörolojik, pediatrik ve psikiyatrik rehabilitasyon alanlarında çalışan 86 ergoterapist katıldı. Veriler Sosyodemografik Form, Algılanan Stres Ölçeği, Minnesota İş Doyumu Ölçeği ve Mesleki Yaşam Kalitesi Ölçeği ile elde edildi. **Bulgular:** Pediatrik, psikiyatrik ve nörolojik alanlarda çalışan tüm ergoterapistlerin algılanan stres, iş doyumu ve mesleki yaşam kalitesi puan ortalamaları benzerdi. Ergoterapistlerin çalışma alanlarına göre algılanan stres, iş doyumu ve mesleki yaşam kalitesi puanları açısından bir fark bulunmazken, pediatrik rehabilitasyonda çalışan ergoterapistlerin Mesleki Yaşam Kalitesi Ölçeği'nin Şefkat Memnuniyeti alt ölçeği puan ortalamaları, nörolojik ve psikiyatrik rehabilitasyonda çalışan ergoterapistlerden daha yüksekti. **Sonuç:** Farklı rehabilitasyon alanlarındaki ergoterapistler benzer algılanan stres, iş doyumu ve genel mesleki yaşam kalitesi düzeyleri sergilerken, pediatrik rehabilitasyondakiler istatistiksel olarak daha yüksek şefkat memnuniyetine sahipti. Pediatrik alanda şefkat memnuniyetinin yüksek olmasına katkıda bulunan faktörleri araştırmak ve diğer rehabilitasyon alanlarında bu yönü geliştirmeye yönelik stratejileri göz önünde bulundurmak için daha fazla araştırma yapılması önerilmektedir.

Anahtar Kelimeler: Algılanan stres; iş doyumu; mesleki yaşam kalitesi; ergoterapist

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Occupational therapy is a health profession that is person-centered and focuses on health and well-being through participation in daily activities. Occupational therapy aim to provide people to participate in daily living activities. In this way, occupational therapy supports people in achieving their goals and improving their quality of life.[1] Occupational therapy is a rapidly developing field in Türkiye. The first steps in occupational therapy were taken in the mid-1950s with the developments in the field of physical therapy and rehabilitation. At that time, occupational therapy services began to be offered in some hospitals and rehabilitation centers. With the regulations made in health services in 2000s, the profession of occupational therapy began to attract more attention. Occupational therapy education has started to be provided in universities, and OTs specialized in this field have begun to be trained. The job description of occupational therapist was officially made in 2014.[2] Nowadays, occupational therapists (OTs) have worked with multidisciplinary teams in hospitals and community mental health centers affiliated with the Ministry of Health, rehabilitation centers, private health institutions and public institutions. They provide services in various areas such as pediatric, psychiatric, neurological, geriatric, oncologic, palliative and hand rehabilitation. In these areas, OTs use methods such as individual assessment, intervention planning and implementation to increase the functionality and independence of clients and improve their quality of life.[3]

Occupational stress and burnout are more common in healthcare professionals. Health professionals are under more stress due to the obligation to provide care. OTs working in health care faces similar risk factors to other healthcare professionals. These factors include exposure to persistent distress, long duration of interventions, uncertainty of intervention outcomes, and staffing issues.[4] OTs face a range of job stressors. They struggle with factors such as long working hours, intense workload, heavy responsibilities, time pressure, ethical challenges, patient demands and changing working conditions. These job stressors have negative effects on the physical, mental, and emotional health of OTs and reduce the job satisfaction. Previous studies showed that working with disabled and disadvantaged individuals led to increase burnout and decreased in job satisfaction and quality of life.[5,6] OTs, compared to other healthcare workers, work with patients for longer periods of time and are under more stress due to reasons such as physical fatigue, lack of professional knowledge and skills, and relationships with difficult patients. Chung et al. examined the burnout levels of the OTs and they found that 80.5% of them experience high or average levels of burnout.[6] They found that burnout was higher in those with 1-5 years of clinical experience and regular employees. In another study, OTs had similar stress levels to junior doctors, but reported less stress than physiotherapists and nurses, especially those working with psychiatric patients.[7]

The demand for occupational therapy profession and services is increasing in our country. Additionally, as occupational therapy departments are opened in universities, the number of OTs continues to increase. Being a new profession and its gradual increase in recognition brings with it difficulties. Professionals, especially those working in the field of healthcare, play a vital role in the provision of healthcare services. Today, OTs are mostly employed in the fields of pediatrics, neurology, physical therapy and psychiatry.[2] A study reported that OTs working in mental health were higher stress levels and burnout, and these are detrimental of their personal and psychological functioning.[8] It was reported that OTs working in mental health were more exposed to stress and burnout due to the stressful nature of the work, the client profile they serve, variable working conditions and professional difficulties.[9] In addition, job satisfaction negatively affected retention to work among mental health OTs.[10] In a systematic review, mental health OTs' satisfaction with work were especially with regard to patient-related factors, but not satisfied with organizational factors.[11] In another study findings showed that OTs working in Australian public mental health services experienced greater stress.[12] When the researchers examined the sources of stress, difficulty accessing resources, conflicts with other professionals difficulties with clients and excessive workload were associated with high stress.

While studies on the stress or burnout levels and quality of work life of OTs working in mental health

are available, it is noteworthy that there are relatively fewer studies on this subject in the fields of pediatrics and neurology. Rostami et al. investigated the job satisfaction and work-related quality of life of Iranian OTs.[13] Majority of the participants were working in pediatrics, adult mental disorders, adult physical disorders of private clinics or hospitals. They found that OTs had moderate levels of job satisfaction and work-related quality of life. Also, OTs working in pediatrics, adult mental disorders, adult physical disorders had same scores about job satisfaction and work-related quality of life.[13] OTs working in the public sector, most of whom have pediatrics as their primary practice, were found to have high job satisfaction, particularly because of working conditions and cooperation. They were dissatisfied with salary.[14] In literature review, only one study was identified in the field of neurology. This qualitative study was undertaken to understand the professional roles, facilitators and challenges of occupational therapy-based practice among OTs working in acute/subacute neurology settings in Australia. They demonstrated that the use of occupation-based practices affected OTs' role satisfaction, and the challenges of the work environment prevented them from implementing occupation-based practice.[15]

To our knowledge, there is no study examining job satisfaction, perceived stress and professional quality of life in OTs working in different fields. It was determined that the studies conducted were mostly conducted on mental health OTs and they were limited in neurological and pediatric field. There were 2 studies examining the OTs' burnout and job satisfaction levels in Türkiye. Abaoğlu et al. investigated the burnout levels of OTs in the public sector.[16] They did not evaluate the differences among the fields. 26% of OTs who participated in the study reported experiencing burnout. 38% were found to be at risk for burnout. Ercan Doğu et al.'s study examining the job satisfaction of OTs working in Community Mental Health Centers found that OTs had high levels of job satisfaction.[17]

Since the work-related stress, quality of life and job satisfaction affect the personal well-being of OTs and the quality of the service they provide, it is important to examine these variables in more detail in different fields of occupational therapy services.[18] Having a comprehensive understanding of the stress levels, job satisfaction and quality of life of OTs working in these fields is important both to support the well-being of these professionals and to ensure that clients have access to quality health care. For that, the aim of the study was to compare the perceived stress levels, job satisfaction and quality of life of OTs working in neurological, pediatric and psychiatric rehabilitation fields.

MATERIAL AND METHODS

PARTICIPANTS

This cross-sectional study was recruited between April-June 2023. A total of 92 OTs working in the fields of neurological rehabilitation, pediatric rehabilitation or psychiatric rehabilitation in Türkiye were included. The study effect size was taken as 0.35, and the sample size of the study was calculated with the G-Power program, with a power of 0.80 and an alpha error of 0.05, with a minimum of 86 individuals in the comparison of 3 groups design. The inclusion criteria were being an OT in Türkiye and employment in field areas with the highest demand for occupational therapy services (neurological, pediatric and psychiatric rehabilitation) for at least 1 year, those who not having cognitive dysfunction or psychiatric illness.[19] OTs were invited to the study through the Occupational Therapy Association. Six were excluded due to unanswered or incomplete questionnaires, resulting in a final sample of 86 (response rate 93.5%). The consent form and the link of the questionnaire forms were sent to all participants via e-mail. After the participants approved the consent form, the Sociodemographic Information Form, Perceived Stress Scale, Minnesota Satisfaction Scale (MSQ), and Professional Quality of Life Scale (ProQoL) became visible, respectively.

This study was performed in accordance with the principles of the Declaration of Helsinki and the study protocol was approved by the University of Health Sciences, Hamidiye Scientific Research Ethics Committee of (tarih: 10 Mart 2023- no: 23/114). Written informed consent was obtained from the participants.

DATA COLLECTION

Sociodemographic form: Data about the age, gender, working area, educational status, working experience (year), weekly working day, and daily working hour of the people were recorded in the sociodemographic information form.

Perceived Stress Scale: It was developed by Cohen et al. to measure the stress perceived by a person in life.[20] It is a 5-point Likert type scale and consists of 14 items, scored between 0 (never) to 4 (very often). Seven of the items with positive expressions are reverse-coded. The highest score is 56, and the lowest score is 0, higher scores indicate higher perceived stress. The Turkish reliability and validity study of the scale was conducted by Eskin et al. The internal consistency reliability coefficient for the scale was 0.86; Cronbach's Alpha coefficient was 0.84.[21]

Minnesota Satisfaction Questionnaire: MSQ was developed by Weiss et al. The Short-Form MSQ was used measure the job satisfaction levels of the participants.[22] The scale is a 5-point Likert type consisting of 20 items. There are 2 dimensions: internal and external. The highest score that can be obtained from the scale is 100 and the lowest is 20. High scores indicate that the individual has high job satisfaction. The internal consistency reliability coefficients for the intrinsic subscale, extrinsic subscale, and general satisfaction scale are 0.86, 0.80, and 0.90, respectively. Test-retest reliability was 0.70.[22] Baycan performed the Turkish reliability and validity studies of the scale.[23] The reliability coefficient was 0.77.

The Professional Quality of Life Scale: Pro-QoL was used to assess the participants' positive or negative experiences at work over the past 30 days. The 5-point Likert-type scale consists of 30 items and have 3 sub-scales: Compassion satisfaction, burnout, and compassion fatigue.[24] High scores indicate that the individual has higher levels of professional QoL b satisfaction in each subscale. The internal consistency reliability coefficients for the compassion satisfaction, burnout, and compassion fatigue subscales were 0.88, 0.75, and 0.81, respectively. Yeşil et al. established the Turkish validity and reliability study of the scale.[25] The reliability coefficients for compassion satisfaction, burnout, and compassion fatigue were 0.82, 0.62, 0.83, respectively.

DATA ANALYSIS

We performed all analyses using the SPSS for Windows 22. We used descriptive statistics to analyze the sociodemographic information in the data. We tested the normality of the data. Descriptive statistical measures (frequencies and percentages) and normality tests (Kolmogorov-Smirnov and Shapiro-Wilk) were used to determine normality of the measurement tools. Kruskal-Wallis H and Mann-Whitney U tests were used to compare stress, job satisfaction, and quality of life scores according to field. The statistical significance level was accepted as $p<0.05$.

RESULTS

A total of 86 OTs (pediatric (n=37), neurologic (n=30), and psychiatric (n=19) completed the questionnaires. Most participants were female (n=72; 83.7%). Sixty-nine participants (80.2%) had bachelor's degrees. Participants had 3.2 years of working experience. The weekly working day was 5, and the daily working hours were 7.9 of the participants (Table 1).

Most participants were female (n=24; 64.8%) and 29 participants had bachelor's degrees (n=29; 78.4%) in the pediatric fields. Participants had the most working experience in the neurologic fields

TABLE 1: Sociodemographic characteristics

Variables		n (%)
Gender	Female	72 (83.7)
	Male	14 (16.3)
Working area	Pediatric	37 (43)
	Neurologic	30 (34.9)
	Psychiatric	19 (22.1)
Educational status	Bachelor's degree	69 (80.2)
	Master/doctorate degree	17 (19.8)
	M±SD	**Minimum-maximum**
Age	26.2±4.1	18-52
Working experience (year)	3.2±2.1	1-9
Weekly working day	5±0.6	3-6
Daily working hour	7.9±1.1	4-10

SD: Standard deviation

(M=3.4; SD=1.5). Neurologic OTs had the most weekly working day (M=5.1; SD=0.3), and pediatric OTs had the most daily working hours (M=8.1; SD=1.3) (Table 2).

Participants' perceived stress, job satisfaction, and professional quality of life scores are presented in Table 2. Pediatric OTs had high scores in perceived stress (33.3±3.1), job satisfaction sub parameters (3.9±0.6, 3.5±0.7 and 3.7±0.6, respectively), ProQoL sub-parameters (34.4±5.4, 19.6±7, and 15.7±7.2, respectively), and ProQoL total scores (69.7±10.9) compared to neurologic and psychiatric OTs (Table 3).

When the perceived stress, job satisfaction, and professional quality of life levels of the participants were examined according to their field of working, it was seen that the compassion satisfaction sub-parameter score of the ProQoL scale of OTs working in the field of pediatrics was higher than the score of OTs working in the field of neurology and psychiatry ($p<0.05$) (Table 4). No significant difference in other scales was found between the groups ($p>0.05$).

TABLE 2: Participants' characteristics according to the different rehabilitation fields

Variables n (%)	Pediatric OT	Neurologic OT	Psychiatric OT
Gender			
Female	24 (64.8)	19 (63.3)	11 (57.9)
Male	13 (35.2)	11 (36.7)	8 (42.1)
Educational status			
Bachelor's degree	29 (78.4)	24 (80)	16 (84.2)
Master/doctorate degree	8 (21.6)	6 (20)	3 (15.8)
M±SD			
Age	25.1±2.6	26.8±5.6	27.1±3.1
Working experience (year)	3±2.4	3.4±1.5	3.2±2.1
Weekly working day	5±0.8	5.1±0.3	4.9±0.4
Daily working hour	8.1±1.3	7.7±1.1	7.8±0.7

OT: Occupational therapy; SD: Standard deviation

TABLE 3: Participants' perceived stress, job satisfaction, and professional quality of life scores

	Groups			
Variables M±SD	Pediatric OT	Neurologic OT	Psychiatric OT	Total
PSS	33.3±3.1	32.9±3.5	31.6±4.1	32.8±3.5
MSQ-internal	3.9±0.6	3.6±0.7	3.7±0.9	3.7±0.7
MSQ-external	3.5±0.7	3.1±0.8	2.9±0.9	3.2±0.8
MSQ-total	3.7±0.6	3.4±0.7	3.4±0.8	3.5±0.7
ProQoL-compassion satisfaction	34.4±5.4	29.3±7.5	31.7±8	32±7.1
ProQoL-burnout	19.6±7	20.3±5.2	18.5±7.2	19.5±6.5
ProQoL-compassion fatigue	15.7±7.2	15.4±7	14.4±9.1	15.3±7.6
ProQoL-total	69.7±10.9	64.8±12.1	64.6±10.1	66.9±11.3

OT: Occupational therapy; SD: Standard deviation; PSS: Perceived Stress Scale; MSQ: Minnesota Satisfaction Questionnaire; ProQoL: Professional Quality of Life Scale

DISCUSSION

The current study aimed to compare the perceived stress levels, job satisfaction and professional quality of life of OTs working in neurological, pediatric and psychiatric rehabilitation fields. Our results revealed that all OTs working different fields had similar levels on perceived stress, job satisfaction and professional quality of life. OTs working in 3 different fields had a moderate stress level and ProQoL, and low satisfied with their jobs. On the other hand, while there was no difference in terms of total scores of perceived stress, job satisfaction and professional QoL levels of OTs working in 3 different fields, the scores of ProQoL-compassion satisfaction sub-dimension in OTs working in pediatric was higher than OTs in working in the field of neurology and psychiatry.

In our study, we observed that there was a difference between the groups in the compassion satisfaction subscale of the ProQoL. Therefore, the only significant finding in our study is the compassion satisfaction of the ProQoL Scale of OTs working in pediatrics was higher than the score of OTs working in neurology and psychiatry. Compassion satisfaction is defined as the amount of pleasure derived from helping others and is highlighted as an important concept, especially in healthcare professionals working with vulnerable groups. If people's compassion satisfaction scores are in the high range, they derive significant professional satisfaction from their work.[25] Therefore, our findings suggest that OTs working in pediatrics experience high levels of professional satisfaction with their work. Similarly, Chung examined the prevalence of compassion fatigue among OTs working in different fields.[6] As a result, most OTs who participated in the study were found to have high levels of satisfaction and low burnout. Similarly, OTs working in the public sector, many of whose primary

TABLE 4: Comparison of perceived stress, job satisfaction, and professional quality of life scores according to field Kruskal-Wallis H and Mann-Whitney U

		Kruskal-Wallis H				Mann-Whitney U		
Variables	**Group**	**$\bar{X}$ rank**		**df**	**p value**	**"post-hoc"**	**z value**	**p value**
PSS	Pediatric OT (1)	48.1	4.640	2	0.098			
	Neurologic OT (2)	44.4				-		
	Psychiatric OT (3)	33.1						
MSQ-internal	Pediatric OT (1)	47.9	2.787	2	0.248			
	Neurologic OT (2)	37.8				-		
	Psychiatric OT (3)	43.8						
MSQ-external	Pediatric OT (1)	50.7	5.565	2	0.062	-		
	Neurologic OT (2)	38.8						
	Psychiatric OT (3)	36.8						
MSQ-total	Pediatric OT (1)	50.2	4.754	2	0.93	-		
	Neurologic OT (2)	37.7						
	Psychiatric OT (3)	39.6						
ProQoL-compassion satisfaction	Pediatric OT (1)	51.4	8.409	2	**0.015***	1>2	-2.964	**0.003***
	Neurologic OT (2)	33.6						
	Psychiatric OT (3)	43.8						
ProQoL-burnout	Pediatric OT (1)	42.8	1.034	2	0.596	-		
	Neurologic OT (2)	46.8						
	Psychiatric OT (3)	39.6						
ProQoL-compassion fatigue	Pediatric OT (1)	44.9	0.525	2	0.769	-		
	Neurologic OT (2)	44.1						
	Psychiatric OT (3)	39.9						
ProQoL-total	Pediatric OT (1)	48.5	2.721	2	0.256	-		
	Neurologic OT (2)	40.5						
	Psychiatric OT (3)	38.4						

*p<0.05. PSS: Perceived Stress Scale; OT: Occupational therapy; MSQ: Minnesota Satisfaction Questionnaire; ProQoL: Professional Quality of Life Scale

practice is pediatrics, were pleased with the working conditions and collaboration.[14] On the contrary, a scoping review investigated the stress and stress factors experienced by OTs in pediatrics from different countries. It was found that as the stress experienced by OTs working in pediatrics increased, burnout increased and job satisfaction, job performance and health status decreased.[26] Unlike the literature, the higher compassion satisfaction in pediatric OTs in our study can be explained by the fact that occupational therapy is more recognized in pediatric groups and sensory integration interventions in our country.

We didn't find any significant difference in job satisfaction levels among the groups. However, the Minnesota Scale mean scores of participants demonstrated that OTs working in pediatrics had higher job satisfaction than those working in other fields. OTs working in psychiatry and neurology had similar job satisfaction scores and were below average. Previous studies showed that working with disabled and disadvantaged individuals led to increase burnout and decreased in job satisfaction and quality of life.[5,6] Chung et al. examined the burnout levels of the OTs and they found that 80.5% of them experience high or average levels of burnout.[6] Especially, in mental health field, OTs were higher stress levels and burnout these are detrimental of their personal and psychological functioning.[8] In a qualitative study, OTs working in neurology stated that they were not satisfied with their work when they could not implement occupational therapy-based interventions.[15]

This study has some limitations. First, we used self-reported questionnaires, and this may create response bias due to social-desirability. As the sample consisted mostly of OTs living in a single city, the findings may not be generalizable to all OTs all over the country. Another limitation may be that the pediatric group works mostly in the private sector and the

other 2 groups work in the public sector. The opportunities and working conditions offered in the 2 sectors are quite different, and this difference may have affected the results. Abaoğlu et al. revealed that OTs working in the public sector showed burnout symptoms and were at risk for burnout.[16] These findings should be interpreted with caution. In future studies, more in-depth information can be obtained with qualitative studies and phenomenological analysis of individuals' occupational therapy practices and experiences. Moreover, future research should focus on determining the stress factors experienced by OTs in the fields of neurology and psychiatry and developing programs to increase job satisfaction and prevent compassion fatigue and stress of occupational therapists.

CONCLUSION

This study highlighted that OT across neurological, pediatric, and psychiatric rehabilitation fields experienced similar levels of perceived stress, job satisfaction, and overall professional quality of life. However, a notable significant finding was that OTs working in pediatric rehabilitation report higher levels of compassion satisfaction compared to OTs in neurological and psychiatric settings. This suggests that while the general work experience of OTs may be consistent across different fields, those in pediatric rehabilitation might derive greater emotional and professional fulfillment from their work. These insights underscore the importance of considering the specific demands and difficulties of different rehabilitation fields when addressing OTs' well-being and job satisfaction.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Selma Ercan Doğu;* ***Design:*** *Selma Ercan Doğu;* ***Control/Supervision:*** *Selma Ercan Doğu;* ***Data Collection and/or Processing:*** *Selma Ercan Doğu;* ***Analysis and/or Interpretation:*** *Selen Aydöner Bektaş;* ***Literature Review:*** *Selma Ercan Doğu, Selen Aydöner Bektaş;* ***Writing the Article:*** *Selma Ercan Doğu, Selen Aydöner Bektaş;* ***Critical Review:*** *Selma Ercan Doğu.*

REFERENCES

1. Christiansen CH, Bass J, Baum CM. Occupational Therapy: Performance, Participation, and Well-being. E-book. Taylor&Francis; 2024. https://www.taylorfrancis.com/books/edit/10.4324/9781003522997/occupational-therapy-charles-christiansen-julie-bass-carolyn-baum
2. Kayıhan H. Sağlık ve İyi Olmanın Geliştirilmesinde Ergoterapi. 1. Baskı. İstanbul: İstanbul Tıp Kitabevi; 2021.
3. Bumin G, Semin Akel B, Öksüz Ç. Ergoterapi: Teoriler, Modeller ve Uygulama Yaklaşımları. 1. Baskı. Ankara: Hipokrat; 2019.
4. Lloyd C, King R. Work-related stress and occupational therapy. Occup Ther Int. 2001;8(4):227-43. PMID: 11823885.
5. Fekete C, Wahrendorf M, Reinhardt JD, Post MW, Siegrist J. Work stress and quality of life in persons with disabilities from four European countries: the case of spinal cord injury. Qual Life Res. 2014;23(5):1661-71. PMID: 24384737.
6. Chung J. Occupational therapists' professional quality of life. Int J Contents. 2020;16(3):45-50. https://accesson.kr/ijcon/assets/pdf/2534/journal-16-3-45.pdf
7. Rees DW, Smith SD. Work stress in occupational therapists assessed by the occupational stress indicator. Br J Occup Ther. 1991;54(8):289-94. doi:10.1177/030802269105400805
8. Weir FU, Ramano EM, Balbadhur R. 'There's a lot on my shoulders'-occupational therapists' experience of stress and burnout in mental healthcare settings in Gauteng, South Africa. Br J Occup Ther. 2024;87(3):181-9. doi:10.1177/03080226231206678
9. Bassett H, Lloyd C. Occupational therapy in mental health: managing stress and burnout. Br J Occup Ther. 2001;64(8):406-11. doi:10.1177/030802260106400807
10. Scanlan JN, Meredith P, Poulsen AA. Enhancing retention of occupational therapists working in mental health: relationships between wellbeing at work and turnover intention. Aust Occup Ther J. 2013;60(6):395-403. PMID: 24299478.
11. Mertala SM, Kanste O, Keskitalo-Leskinen S, Juntunen J, Kaakinen P. Job satisfaction among occupational therapy practitioners: a systematic review of quantitative studies. Occup Ther Health Care. 2022;36(1):1-28. PMID: 34407737.
12. Lloyd C, McKenna K, King R. Sources of stress experienced by occupational therapists and social workers in mental health settings. Occup Ther Int. 2005;12(2):81-94. PMID: 16136866.

13. Rostami HR, Akbarfahimi M, Ghaffari A, Kamali M, Rassafiani M. Relationship between work-related quality of life and job satisfaction in Iranian occupational therapists. Occup Ther Int. 2021;2021:6692752. PMID: 34629996; PMCID: PMC8476230.

14. Sewpersadh U, Lingah T, Govender P. Job satisfaction among occupational therapists. S Afr J Occup Ther. 2016;46(1):6-8. http://dx.doi.org/10.17159/2310-3833/2016/v46n1a3

15. Bolt B, Lalor A, Barclay L, Brown S. Occupational therapists' experiences of implementing occupation-based practice in neurology, and its impact on professional identity. Br J Occup Ther. 2022;85:595-602. doi:10.1177/03080226211058368

16. Abaoğlu H, Demirok T, Kayıhan H. Burnout and its relationship with work-related factors among occupational therapists working in public sector in Turkey. Scand J Occup Ther. 2021;28(4):294-303. PMID: 32180493.

17. Ercan Doğu S, Özkan E, Kars S. Clinical practices, challenges, and job satisfaction of occupational therapists working in Community Mental Health Centers in Turkey. Br J Occup Ther. 2023;86(7):504-14. doi:10.1177/03080226231156529

18. Bryant W, Fieldhouse J, Plastow NA. Creek's Occupational Therapy and Mental Health. 6th ed. Amsterdam: Elsevier; 2023.

19. American Occupational Therapy Association [Internet]. Practice: Domain and Process. © 2025 American Occupational Therapy Association [Cited: May 21, 2024]. Available from: https://www.aota.org/practice/domain-and-process

20. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. J Health Soc Behav. 1983;24(4):385-96. PMID: 6668417.

21. Eskin M, Harlak H, Demirkıran F, Dereboy Ç. Algılanan stres ölçeğinin Türkçe'ye uyarlanması: güvenirlik ve geçerlik analizi [The adaptation of the perceived stress scale into Turkish: a reliability and validity analysis]. New Symposium Journal. 2013;51(3):132-40. https://www.neuropsychiatricinvestigation.org/Content/files/sayilar/pdf/TR-YeniSempozyum-c1d2631c.PDF

22. Weiss DJ, Dawis RV, England GW, Lofquist LH. Manual for the Minnesota Satisfaction Questionnaire: Minnesota studies in vocational rehabilitation. Minneapolis, MN: University of Minnesota; 1967. https://vpr.psych.umn.edu/sites/vpr.umn.edu/files/files/monograph_xxii_-_manual_for_the_mn_satisfaction_questionnaire.pdf

23. Baycan FA. An Analysis of the Several Aspects of Job Satisfaction Between Different Occupational Groups [PhD thesis]. İstanbul: Boğaziçi University; 1985. https://tez.yok.gov.tr/UlusalTezMerkezi/TezGoster?key=gyLHMouPesCvnhRcjQsKRWkAayDfLzY1EDtdv705X2zUpefUEzYtNAexUBeiOlH

24. Stamm BH. The Concise ProQOL Manual. 2010. https://www.illinoisworknet.com/WIOA/Resources/Documents/The-Concise-ProQOL-Manual.pdf

25. Yeşil A, Ergün Ü, Amasyalı C, Er F, Olgun NN, Aker AT. Çalışanlar İçin Yaşam Kalitesi Ölçeği Türkçe uyarlaması geçerlik ve güvenilirlik çalışması [Validity and reliability of the Turkish version of the Professional Quality of Life Scale]. Arch Neuropsychiatry. 2010;47(2):111-7. https://toad.halileksi.net/wp-content/uploads/2022/07/calisanlar-icin-yasam-kalitesi-olcegi-toad.pdf

26. Goffredo CA, Bowyer P, Reis HIS, Humphrey J. Pediatric occupational therapists and occupational stress: a scoping review. Occup Ther Health Care. 2024;38(3):827-41. PMID: 36524900.