ORIGINAL ARTICLE

Compassion Satisfaction, Burnout and Secondary Traumatic Stress among Occupational Therapists in Malaysia

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ABSTRACT

Introduction: There is an increasing amount of literature emphasizing the importance of addressing well-being of occupational therapists as a profession. Thus, this study aims to determine the prevalence, and correlation of the secondary traumatic stress (STS), burnout (BO) and compassion satisfaction (CS). **Methods:** This cross-sectional study was conducted through an online survey using purposive sampling. A total of 307 occupational therapists in Malaysia has participated. Information collected were the sociodemographic data and the level of STS, BO and CS through ProQOL scale assessment. A descriptive analysis and Chi-square test were used in study analysis. **Results:** Majority of the respondents have average levels of CS (73.3%), BO (65.1%) and STS (58.6%) and the relationship between CS with BO (p=0.000, df =4), CS with STS (p=0.000, df=4) and BO with STS (p=0.000, df=4) are significant. **Conclusion:** The majority of occupational therapists in Malaysia report average levels of BO, STS, and CS meaning that they do experience negative emotions towards their professional life but are still able to cope with the work pressure. An association has been observed between the CS, BO, and STS levels of occupational therapists in Malaysia, suggesting that enhancing CS through workplace support and improved work - life balance may help mitigate BO and STS among occupational therapists in Malaysia.
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INTRODUCTION

Occupational therapy is a dynamic and evolving profession that adapts to the client and societal demands, shifts in the system, and emerging information and studies (1). Occupational therapists help patients maintain and regain health, engage in fulfilling activities, and generally improve theirquality of life.

In Malaysia, occupational therapists practice in a variety of healthcare facilities, such as hospitals, rehabilitation facilities, community health centres, and private offices. In Malaysia, the occupational therapy profession faces significant challenges that impact the wellbeing of its practitioners. Only 1,395 occupational therapists were available to Malaysia's 32 million residents in 2017 which is 43 therapists per 1 million residents (2). The therapist-to-patient ratio remains insufficiency leading to heavy workloads and increased pressure to deliver effective treatment within limited resources. In contrast, approximately 750 occupational therapists should serve every million people, according to estimates from the World Federation of Occupational Therapists (3). This issue persists even in high-income nations, where there are only slightly more than 420 occupational therapists per million individuals, far less than the estimate (4). Due to the overwhelming burden this shortage leads to, Malaysian occupational therapists are unable to deliver the necessary treatment to improve the quality of life for Malaysians (5). Occupational deprivation is also a result of a lack of resources and possibilities, and they are marginalized and underpowered by the medical rehabilitation industry, which dominates (2,5). In addition, fewer occupational therapists in Malaysia possess doctorate degrees than in Western nations, with the majority simply obtaining diploma-level certification (5).

Professional Quality of Life (ProQOL) is a concept that consists of feeling of fulfillment and perception about work life. It is how one feels concerning their work as a helper (6). The ProQOL encompasses three core components: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS) (7). CS

represents the benefits of assisting others as well as the fulfilment obtained from one's employment. In constrast, BO is the emotional weariness and depersonalization that professionals endure which often results from excessive workplace stress (7). STS disorder refers to the emotional and psychological suffering caused by clients' exposure to trauma situations (7). These components interact dyanamically, influencing the overall well-being of occupational therapists.

Despite the importance of occupational therapists in Malaysia, this profession faces challenges in maintaining their well-being (5). Occupational therapists frequently go through professional stressors that can impair their quality of life (8). These stressors include heavy patient loads, emotional demands of patient care, administrative burdens, and insufficient organisational support (2). While studies on the ProQOL among healthcare professionals exist, there is limited research specifically addressing occupational therapists in Malaysia, making this study essential in bridging that gap. The lack of research on ProQOL within occupational therapists hinders development of this profession. Good mental health is very important to deliver great treatment (9). This study examines the prevalence and interrelationships of compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) among occupational therapists in Malaysia to assess the impact of these challenges.

MATERIALS AND METHODS

Study Design

The study was a cross-sectional study conducted among 307 occupational therapists throughout Malaysia. A self-administered online questionnaire using the Google Forms platform was used as a study tool. Google forms was selected due to its accessibility, ensuring a wide reach across Malaysia. However this approach may limit participation from those with limited internet access, which is acknowledged as a study limitation. A purposive sampling was employed to select the respondents, consisting of occupational therapists working in Malaysia, including in both the private and public sectors and a Malaysian. Those who were full-time students of occupational therapy, occupational therapists working in other than clinical based, retired occupational therapists and non-Malaysian occupational therapists working in Malaysia were excluded.

Instruments

This study utilized ProQOL as the main tool. Information on socio-demography including age, gender, marital status, years of practice, area of practice, work settings and type of community were collected in the first section of the questionnaire.

The Compassion Satisfaction and Fatigue Test, of which there were several variations, replaced the original name of the measure, which was introduced by Stamm in 1993 (7). After Figley and Stamm reached a favourable collaborative agreement in the late 1990s, the measure was renamed the Professional Quality of Life Scale (ProQOL) (7).

The ProQOL assessment intended to assess three sub-constructs: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). Each subscale has ten questions with Likert ratings ranging from 1 to 5, where 1 represents the least frequent occurrence of the respondent experiencing the moods, emotions, or situations as a helper and 5 represents the most frequent occurrence. Every subscale has three levels and an overall score that goes from 10 to 50. The Concise ProQOL Manual categorised a subscale score of 10 to 22 as low, a score of 23 to 41 as average, and a score of 42 to 50 as high (7). The ProQOL instrument was validated with the internal consistency for each of the three subscales was 0.88 for CS, 0.75 for BO, and 0.81 for STS (7,10).

Data Collection Procedures

The period of data collection was January 2024–March 2024. The survey was disseminated digitally through WhatsApp and the online survey tool Google Form. Respondents filled out the self-administered online survey after indicating their willingness to take part in the study. There were no financial rewards of any kind offered to study participants.

Data Analysis

The collected data was analysed using the Statistical Package for the Social Sciences (SPSS) version 26.0. The demographic information as well as the BO, STS, and CS levels were summed up using descriptive statistics. the chi-square test was utilized to identify the relationship between BO, STS, and CS levels and to identify if there was any significant relationship between demographic data with BO, STS, and CS levels among occupational therapists in Malaysia. After the p-values were identified, the results were interpreted as such, if the p- value is less than the significance level (commonly α=0.05), the results conclude that there is a significant association between the variables.

RESULTS

The study involved 307 occupational therapy practitioners in Malaysia with different sociodemographic and work-related factors as shown in Table I. Majority of the respondents fall within the 28-33 age group (41.4%), most of them are female (73.3%) and mostly married (58.6%). Furthermore, majority of the respondents have 5 to 10 years of experience (38.8%), most of them are in general practice (33.6%) and mostly works in hospital-based settings (60.9%). Most of the participants work with urban (40.4%) the type of community.

Current CS, BO, and STS Level Among Occupational Therapists in Malaysia.

Table I: Demographic Data of Respondents (n=307)

Socio-demographic/ work-related factors	Frequency (%)
Age	
<22	6 (2.0)
22-27	82 (26.7)
28-33	127 (41.4)
34-39	51 (16.6)
40-45	29 (9.4)
46-51	4 (1.3)
>51	8 (2.6)
Gender	
Female	225 (73.3)
Male	82 (26.7)
Marital Status	
Divorced	7 (2.3)
Married	180 (58.6)
Single	116 (37.8)
Widowed	4 (1.3)
Years of Practice	
<5	87 (28.3)
5-10	119 (38.8)
11-15	63 (20.5)
16-20	21 (6.8)
>20	17 (5.5)
Area of Practice	
General	103 (33.6)
Neurological	13 (4.2)
Orthopaedic	18 (5.9)
Surgical	9 (2.9)
Paediatric	66 (21.5)
Psychiatric	34 (11.1)
Return To Work	6 (2.0)
Others	58 (18.9)
Settings	
Community-Based	81 (26.4)
Hospital-Based	187 (60.9)
Others	11 (3.6)
Private Center	28 (9.1)
Type of Community	
Rural	66 (21.5)
Suburban	117 (38.1)

Based on Figure I, the study found that most occupational therapists reported to have average (73.3%) levels of CS, average (65.1%) levels of BO, and average (58.6%) levels of STS.

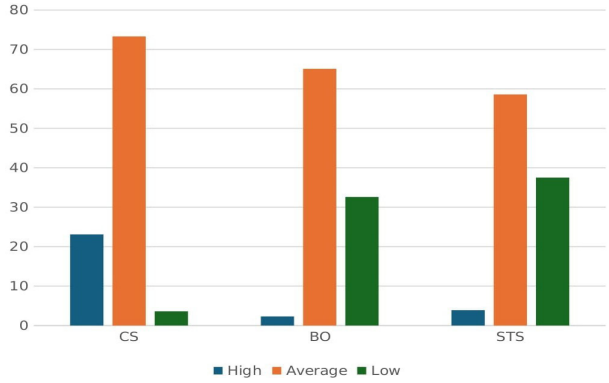

Fig. 1: Current CS, BO, and STS Level among OT in Malaysia

Relationship Between CS, BO, And STS Level among Occupational Therapists in Malaysia.

Strong positive correlations (p<0.001) were found among CS, BO and STS among occupational therapists in this study as in Table II.

Table II: Relationship between CS, BO, STS and demographic data by using Chi- Square Test

Demographic Data	p value (df)		
	CS	BO	STS
Age	**0.024(12)**	**0.006(12)**	**0.000(12)**
Gender	0.267(2)	0.610(2)	0.071(2)
Marital Status	0.230(6)	0.324(6)	0.444(6)
Years of Practice	0.167(8)	0.166(8)	**0.016(8)**
Area of Practice	**0.002(14)**	0.020(14)	0.405(14)
Settings	0.374(6)	0.105(6)	**0.002(6)**
Type of Community	0.911(4)	0.520(4)	0.443(4)

Note: Significant values p=0.05

Relationship Between Demographic Profiles with CS, BO, and STS level among Occupational

Therapists In Malaysia. Based on Table III, both CS and BO has a significant relationship with age (p=0.024, df=12) and area of practice (p=0.002, df=14). While STS has a significant relationship with age (p=0.000, df=12), years of practice (p=0.016, df=8) and settings (p=0.002, df=6).

Table III: Relationship between CS, BO And STS

	p	df
CS with Burnout	0.000	4
CS with Secondary Traumatic Stress	0.000	4
Burnout with Secondary Traumatic Stress	0.000	4

Note: Statistical significance was determined using Pearson's Chi-Square Test

The mean values of CS, BO, and STS were compared in between the demographic data that demonstrated to have a relationship with CS, BO, and STS. The results were displayed in Tables IV.

The demographic data group with n<10 were excluded because the scores of a small group can vary greatly, leading to an unrepresentative average. Result shows that the age group 34–39 years old has the highest (35.59) level of CS, while the age group 22–27 years old has the lowest (32.51) level. The respondents with the greatest level of CS (36.28) are those employed in other practice areas, while the respondents with the lowest level (31.46) are those in the neurological field.

For BO, result shows that the age group of 22–27 has the highest (27.27) level of BO, while the age group of 40–45 has the lowest (25.72) level of BO. The respondents with the highest BO level (34.15) are those who are employed in the neurological area, while the respondents with the lowest BO level (23.00) are those working in the orthopaedic area.

In term of STS, result shows that the age group of 22–27 years has the highest (27.20) level of STS and the age group of 28–33 years has the lowest (25.20). The highest

Table IV: Comparison of Mean of CS, BO and STS across demographic groups.

Demographic Profiles	Mean of CS	SD of CS	Min of CS	Max of CS	Mean of BO	SD of BO	Min of BO	Max of BO	Mean of STS	SD of STS	Min of STS	Max of STS
Age												
22-27	32.51	8.85	10	49	27.20	9.20	10	46	27.20	9.56	10	43
28-33	34.57	8.28	22	49	25.20	9.85	10	41	25.20	9.69	10	49
34-39	35.59	8.27	15	48	25.22	9.32	10	47	25.22	10.84	10	41
40-45	34.48	8.02	22	48	26.48	9.48	10	41	26.48	10.84	11	48
Years of Practice												
<5									28.00	9.97	10	49
5-10									24.97	9.04	10	48
11-15	-	-	-	-	-	-	-	-	28.33	10.89	12	46
16-20									24.50	9.16	10	45
>20									25.41	12.74	10	47
Area of Practice												
General	34.28	8.27	15	49	24.47	9.11	10	47				
Neurological	31.46	6.00	22	41	34.15	5.64	25	41				
Orthopaedic	33.11	7.51	22	48	23.00	8.02	11	35				
Paediatric	32.35	9.81	10	49	29.02	10.14	10	48		-	-	-
Psychiatric	35.28	7.76	23	49	26.03	9.22	10	40				
Others	36.28	8.29	20	49	25.91	9.57	10	42	-			
Settings												
Community-Based									24.28	9.88	10	49
Hospital-Based	-	-	-	-	-	-	-	-	25.84	9.83	10	44
Others									31.36	10.91	13	46
Private Centre									28.82	10.28	11	47

Note: No inferential tests were conducted, these findings describe trends in the data without implying statistical significance.

level of STS (28.33) is found in respondents who have worked for 11 to 15 years, while the lowest level (24.50) is found in those who have worked for 16 to 20 years. Finally, the STS level of those working in community-based settings is the lowest (31.36), while the highest (31.36) is exhibited by those working in other work settings.

DISCUSSION

Almost all of the respondents in this study were within the 28-33 age group, female, married, have 5 to 10 years of experience, working in general practice, working in hospital-based settings and working in urban type of community. Given that this study was able to fairly represent the range of demographic characteristics present in the target population, the results can be generalised to the entire population.

Based on the study findings, the majority of occupational therapists reported average CS and BO levels. This suggests that most practitioners have a moderate sense of fulfilment about their work and can deal with their job demands without experiencing severe emotional exhaustion or depersonalisation. This result is in line with past study where occupational therapists working at hospitals or institutes in Seoul, Gyeonggi state, also mostly experienced average CS and BO levels (11). In other study on ProQoL of occupational therapist showed the majority of the occupational therapists reported to have high levels of CS and low BO level (12). A more recent study also stated that occupational therapists have high level of CS (13). This results may differ from one another due to the places the study being conduct as some study was done in Eastern country (11), and some of it was done in the Western country (12,13).

The study's findings on STS show that most respondents experienced average STS levels. When compared to past studies, the results align with previous research, indicating the prevalence of STS among healthcare professionals who work with traumatized individuals. Some past studies found that their studies showed an overall moderate level of STS among healthcare professionals (14,15). These findings suggest that healthcare professionals, while not immune to the effects of indirect trauma exposure, are generally able to maintain their well-being and cope effectively with the challenges of their work.

The study revealed a significant association between CS, BO and STS among occupational therapists in Malaysia. This significant relationship suggests that higher levels of CS are associated with lower levels of BO and STS. A study found that those with higher levels of BO have lower levels of CS and vice versa (16). Other study also noted that a higher level of CS will reduce BO (11). Healthcare professionals who feel more satisfied and fulfilled in their roles are likely to experience fewer symptoms of STS, which includes the emotional distress that can arise from indirect exposure to trauma through their patients. (17). While other study found that STS was a risk factor for BO, and the relationship between the two was reciprocal, underscoring the interrelated nature of BO and STS (18).

The study examined the relationship between various demographic factors and the CS, BO, and STS among

occupational therapists. Regarding both CS and BO, the results showed that age and area of practice were significant factors. While STS, the study found that age, years of practice, and work settings were significant factors. In summary, there is a correlation between a few demographic factors and the degree of BO, STS, and CS. People who work in general hospitals, are female, or are in their 30s had lower levels of CS than temporary employees (11). Additionally, regular employees and those with one to five years of clinical experience had higher BO. Indicating that gender, age, years of working experience and employment status can play a role in the levels of CS and BO experienced by occupational therapists in contrast of this study's findings. Furthermore, a study revealed the greater the number of working years, the higher the CS level of the healthcare worker (13). Age and the length of time spent in the industry may also have had an effect on the degree of CS and led to lower levels of BO and STS (15). Parallel to the findings, the results may differ based on national culture, occupational therapy practitioners' levels of CS, BO, and STS were not significantly correlated with age, years of experience, full- or part-time status, level of education, or any other variable (12). This past study acknowledges differences in item means among healthcare workers and proposes that cultural, healthcare system, or personal factors may contribute to differing perspectives on work stress (12).
The study revealed that the older age group exhibited a higher level of CS. This outcome is consistent with several prior studies that have also reported increase in CS levels among older professionals. The studies found that older professionals demonstrated higher levels of compassion satisfaction, suggesting that years of experience and developed empathy contribute to this increased satisfaction (19,20,21).

The study found that respondents working in the neurological area reported the lowest levels of CS. Past research also highlighted the differences between working with adult and paediatric populations (22). Their research demonstrated that as healthcare worker who works in neurological area will mostly works with adult patients which might be the cause of stress and lower their CS level (22).
The study showed that lower age group has higher level of BO. A few past studies also highlighted the same result. Two studies mentioned this association, suggesting that younger people often experience higher levels of burnout compared to their older counterparts (19, 21).

The respondents with the highest BO level are those who are employed in the neurological area, while the respondents with the lowest BO level are those working in the orthopaedic area. As neurological cases tend to be more complicated than orthopaedic cases. Those who suffer from neurological problem not only might have problem with their physical functions, their cognitive and emotional regulation might also be affected (23). Furthermore, healthcare workers working in the emergency, intensive care, and psychiatric departments seem to be at greater risk for BO (22), and most neurological cases tend to need of emergency, intensive, or specialized psychiatric care, leading to higher levels of BO among healthcare workers in the neurological area.

The study indicated that the younger age group exhibits higher levels of STS. This finding aligns with previous research which also reported that younger healthcare workers experience higher STS compared to their older counterparts (21). The study found that the higher working experience shown to have lower STS. Healthcare workers with more years of experience tend to report lower levels of STS compared to their less experienced counterparts (22,24).

Finally, the STS level of those working in community-based settings is the lowest in comparison with those who work in other work settings. One of the reason might be because in community-based settings, healthcare workers often engage with patients in less acute and more stable conditions (25) compared to those who works in other settings. Healthcare workers in community settings often have ongoing relationships with their patients, allowing for a sense of continuity and deeper understanding (26).

While this study provides valuable insights into the prevalence and interrelationships of compassion satisfaction, burnout, and secondary traumatic stress among occupational therapists in Malaysia, the discussion could benefit from a deeper exploration of the underlying factors contributing to these outcomes.

CONCLUSION

In conclusion, the majority of occupational therapists in Malaysia report average levels of BO, STS, and CS meaning that they do experience negative emotions towards their professional life but are still able to cope with the work pressure. Furthermore, an association has been observed between the CS, BO, and STS levels of occupational therapists in Malaysia, suggesting that workplace interventions, including peer support groups and structured mental health programs, could enhance CS levels and reduce BO and STS. This study also revealed that occupational therapists' demographic information may have a somewhat influencing effect on how they perceive ProQOL. However, the findings of this quantitative study should be interpreted with caution due to the purposive sampling method employed, which may limit generalizability. Furthermore, a deeper qualitative exploration is needed to enrich the present quantitative data and explore the lived experiences of occupational therapists facing these challenges. Future studies should incorporated qualitative interviews with occupational therapists to explore the lived experiences

behind the statistical trends identified in this study.

ETHICAL CLEARANCE

Ethics approval was obtained from the Ethical Committee of the Universiti Teknologi MARA (FERC/FSK/MR/2023/00349).

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COMPETING INTERESTS

The authors declare that they have no competing interests

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