

## **Risk Factors for Workplace Fatigue- Role Ambiguity** **Kristina Ruttan, MScOT student, University of Alberta**

Increasing the fatigue-related occupational health and safety knowledge base of regulated occupational therapists in Alberta, Society of Alberta Occupational Therapists in partnership with Alberta Human Services, Occupational Health and Safety Program, Government of Alberta

2015

Fatigue is the state of being physically and emotionally spent; it is the body's way of telling us that we need to rest (Government of Alberta, 2011). When fatigue is caused by the demands and environment of the workplace, it is known as workplace fatigue (Government of Alberta, 2011). In the literature on role ambiguity and lack of respect among allied health professionals, the term used is 'burnout', and fatigue can be considered one component of burnout (Maslach, Jackson, & Leiter, 1996). In this summary and the accompanying video evidence regarding burnout will be used to examine this contributing factor for workplace fatigue.

Role ambiguity and lack of respect are both factors that contribute to fatigue in the workplace (Edwards & Durette, 2010; Gupta, Paterson, von Zweck, & Lysaght, 2012). Role ambiguity is what happens when performance outcomes are unclear, when there is a lack of information regarding expected role behavior, when policies are outdated, or when professionals struggle to define their professional identity (Dasgupta, 2012; Edwards & Durette, 2010; Government of Alberta, 2011).

Lack of respect is a feeling that results from having to provide constant justification for service provision, interventions used, fees charged, or decisions made (Gupta et al., 2012). Professionals also feel a lack of respect when they must repetitively explain their role to someone who is skeptical, does not care, or does not understand (Gupta et al., 2012). Occupational therapists, for example, may feel a lack of respect when they have to repeatedly justify their community visits or convince insurance bodies to fund therapy. According to Gupta et al's study (2012) occupational therapists feel they must often justify their roles and interventions to healthcare funding bodies, and this task is a contributing factor of workplace fatigue (Gupta et al., 2012). The literature also tells us that occupational therapists have difficulty articulating their professional identity and that this may put us at a higher risk of workplace fatigue than other health care professionals (Edwards & Durette, 2010).

Occupational therapists can take several steps to assuage their workplace fatigue. The first step is to implement coping strategies: the literature recommends seeking social support from professional networks, mentoring others, and engaging in professional development (Gupta et al., 2012). The second step is to select language carefully- some OT theorists suggest being deliberate in the use of occupational language to increase an occupational therapist's understanding of their own role, and to make it easier to explain their role to others (Wilding & Whiteford, 2008). However, not all agree and sometimes using plain language, free of profession specific jargon, is the way forward in communicating OTs role to others. The third step occupational therapists can take is to ask for an updated job description, especially if their program has recently undergone a change (Government of Alberta, 2011). And lastly, occupational therapists should support their national and provincial professional bodies (such as Society of Alberta Occupational Therapists (SAOT), as the purpose of these organizations is to advocate for occupational therapy to the government, insurers, and the public (SAOT, 2008).

Occupational therapists have several resources at their disposal to take the necessary steps towards reducing role ambiguity and lack of respect. Firstly, Professional bodies like SAOT offer professional development opportunities, social support networks, and mentorship programs (SAOT, 2008). Secondly, many occupational therapists have a flexible spending account in their employee health benefits that can be used to pay for the expenses of professional development, thereby removing the financial barrier (HSAA, 2012). And lastly, collective agreements can be

negotiated between employee and employer (such as the Health Science Associate of Alberta and Alberta Health Services) stipulating that job descriptions must be made available in the workplace for employees. In Alberta the HSAA collective agreement already contains this clause (HSAA, 2012).

### Key Readings

1. The relationship between professional identity and burnout among occupational therapists. Edwards, & Dirette, 2010. *Occupational Therapy in Health Care*. Apr;24(2):119-29. doi: 10.3109/07380570903329610.
2. Using hermeneutics to understand burnout and coping strategies utilized by occupational therapists. Gupta, Paterson, von Zweck, & Lysaght, 2012. *The Qualitative Report 2012 Volume 17, Article 105*, 1-25 <http://www.nova.edu/ssss/QR/QR17/s Gupta.pdf>.
3. Language, identity and representation: Occupation and occupational therapy in acute settings. Wilding, & Whiteford, 2008. *Australian Occupational Therapy Journal*. Volume 55, Issue 3 Pages 151–222

### Online Resources

1. Society of Alberta Occupational Therapists: <http://www.saot.ca>
2. HSAA – AHS Collective Agreement: <http://www.hsa.ca/member-resources/collective-bargaining-agreements/ahs-provincial-collective-agreement-2011-2014>
3. Government of Alberta – Best practices for assessment and control of psychological hazards: <http://work.alberta.ca/documents/bp013-bestpractices-volume5.pdf>

### References

- Dasgupta, P. (2012). Effect of role ambiguity, conflict and overload in private hospitals' nurses' burnout and mediation through self efficacy. *Journal of Health Management*, 14(4), 513-534. oi:10.1177/0972063412468980
- Edwards, H., & Dirette, D. (2010). The relationship between professional identity and burnout among occupational therapists. *Occupational Therapy in Health Care*, 24(2), 119-129. doi:10.3109/07380570903329610
- Government of Alberta. (2011). *Volume 5: Best practices for the assessment and control of psychological hazards*. Retrieved October 3, 2014, from <http://work.alberta.ca/documents/bp013-bestpractices-volume5.pdf>
- Gupta, S., Paterson, M., von Zweck, C., & Lysaght, R. (2012). Using hermeneutics to understand burnout and coping strategies utilized by occupational therapists. *Qualitative Report*, 17 Retrieved from <http://www.nova.edu/ssss/QR/QR17/s Gupta.pdf>
- HSAA. (2012). *AHS Provincial Collective Agreement 2011-2014*. Retrieved from <http://www.hsa.ca/member-resources/collective-bargaining-agreements/ahs-provincial-collective-agreement-2011-2014>
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologist Press.
- SAOT. (2008). *Society of Alberta Occupational Therapists*. Retrieved from <http://www.saot.ca>
- Wilding, C., & Whiteford, G. (2008). Language, identity and representation: Occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal*, 55(3), 180-187. doi:10.1111/j.1440-1630.2007.00678.x