RESEARCH ARTICLE

Assessing the Effectiveness of the Well-Being Through Occupational Participation (WBOP) Intervention in Promoting Filipino Occupational Therapy Faculty Members' Well-Being: A Pilot Study

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ABSTRACT

Background: Filipino occupational therapy educator emigration and limited preparedness for an academic role has resulted in high university turnovers. Remaining faculty experience decreased well-being due to increased academic role responsibilities.

Objective: Assess the effectiveness of an occupation-based intervention in promoting Filipino occupational therapy faculty members' well-being.

Methodology: This pilot study used a convergent mixed-methods design. Participants were recruited to participate through the Philippine Academy of Occupational Therapists and the University of Philippines Manila - Department of Occupational Therapy. Faculty members participated in the Well-Being through Occupational Participation (WBOP) intervention. Quantitative data was analyzed using a Wilcoxon Signed-Rank Test, comparing pre and post-test scores from four standardized measures: Self Compassion Scale Short Form (SCS-SF), Scales of General Well Being (SGWB), Engagement in Meaningful Activities Survey (EMAS), and Occupational Balance Questionnaire 11 (OBQ). Qualitative data was analyzed using a multi-level coding process resulting in three themes.

Results: Five faculty members participated. The SCS-SF scores (T=15, p=0.042, r=0.64) and SGWB (T=15, p=0.041, r=0.65) scores showed a significant increase post-intervention, with large effect sizes. The OBQ (T=14, p=0.078) and EMAS (T=13.5 p=0.102) post-intervention scores did not reflect a significant increase. From the qualitative data, three themes emerged: time to reflect on well-being and occupational engagement, opportunity to view well-being differently, and increased mindset and intentionality.

Conclusion: Results suggest the WBOP intervention was effective in promoting well-being in these Filipino occupational therapy faculty members. Future intervention implementation may be helpful in positively impacting faculty member well-being. A research study with a larger number of participants is warranted.

Keywords: *Filipino faculty members, occupational therapy, well-being, occupation-based intervention, mixed methods*

Introduction

The World Health Organization defines well-being as “a positive state experienced by individuals and societies” [1]. More specifically, subjective well-being can be described as a person's emotional and cognitive evaluation of how satisfying and fulfilling their life is [2,3]. Many higher education faculty members experience stress, burnout, and adverse mental health symptoms due to their academic positions, which directly correlates to decreased well-being [4-7]. This lack of well-being in higher education faculty can be directly tied to job demands, including pressure to produce scholarly research and obtain grant funding, and increased workloads due to overall faculty shortages [5,7,8-12]. For faculty of healthcare professions, the transition from clinical work to academia can pose unique challenges,

such as lack of adequate training in pedagogy and classroom management, unfamiliarity with academic culture, and the absence of orientation and transition period [13-14]. While the prevalence of increased faculty stress and decreased well-being is well described in the literature, what is lacking on higher education campuses is programming, specifically targeting faculty members [4-5,7]. Instead, well-being programming that is available is mainly created for and used by the student population, therefore leaving faculty well-being needs largely unmet [15-17].

University campuses traditionally address the well-being of undergraduate students through dimension-specific (e.g., physical, social, emotional, financial) wellness/well-being wheel model activities, health education workshops, and peer modeling programs [17]. Additional offerings include problem-specific (e.g., alcohol abuse, tobacco use, sexual assault, eating disorders) interventions and cognitive-behavioral techniques (e.g., relaxation, stress reduction, coping skills, meditation practices, mindfulness) education [15-16,18-19]. Effective interventions have typically included didactic teaching, skill practice, and homework components that are provided within a class as a regular curricular offering in a community environment leading to more success [16,18, 20].

This described stress and decreased well-being applies to occupational therapy (OT) faculty members worldwide and more specifically those in the Philippines. In 2019, it was reported that 5% of Filipino occupational therapists were in academia, with the majority having entered as instructors with a Bachelor of Science in Occupational Therapy, leaving some feeling unprepared to meet the teaching and scholarship requirements for progressing through the tenure process [21-23]. Also, in a 2017 workforce survey, the Philippine Academy of Occupational Therapists (PAOT) found that 50% of Filipino faculty members had only practiced as an occupational therapist for five (5) or less years before transitioning to academia and 65% of faculty members had been in academia for 5 or less years [24]. Also, the continued emigration of Filipino OT practitioners and educators to other countries has resulted in both high turnover and faculty shortages within university settings [25]. Those faculty members that choose to stay often experience increased teaching loads and leadership responsibilities, contributing to their stress and negatively impacts their well-being [21-22,25].

The overarching goal of the OT profession is to enable people to achieve health, well-being, and participation in life through engagement in occupation [26]. Therefore, a person who experiences varied occupational engagement will subsequently improve and promote their health and well-being [27-28]. More specifically, when a person achieves occupational well-being, they are engaging in occupations that meet specific occupational needs such as competence, autonomy, contentment, identity, and belonging, ultimately contributing to their health and well-being [28-29]. Engaging in meaningful occupations can also provide individuals with opportunities to grow in self-esteem, self-confidence, and empowerment, leading to a sense of pride, stress relief, and personal identity reinforcement [6,28-29].

In addition to engagement in meaningful occupations helping to promote well-being, occupational balance and self-compassion have been described throughout the literature as positively impacting well-being [26,28-42]. Occupational balance is described as both having a balance between occupations with different characteristics (e.g., physical, mental, social, rest) and having enough time to participate in those occupations [32-37]. Occupational balance is subjectively experienced based on an individual's personal attitudes, goals, and time [33,35-37]. A high level of occupational balance can provide a sense of joy, achievement, pride, and satisfaction, which all contribute to an individual's sense of well-being [37].

Self-compassion can be defined as an individual possessing positive and caring feelings towards themselves, even in times of failure [40-41]. Through kindness, a sense of common humanity, and mindfulness, a person turns away from self-criticism, recognizes that all humans are imperfect and experience difficulties, and addresses problems rather than avoiding [41]. As a person extends self-compassion to themselves, they are empowered to modify thoughts and behaviors, feel emotionally safe, and are motivated towards growth and change [40]. Individuals that possess high levels of self-compassion are more likely to have higher levels of well-being [42].

Faculty members experience a significant amount of psychological distress (e.g., stress, anxiety, depression) related to the demands of their academic setting, which impacts their overall well-being [4-7]. Filipino OT faculty members specifically experience challenges to their well-being due to difficult transitions from a clinical to academic setting, the need for increased training in pedagogy and research to meet the demands of tenure and promotion, and faculty shortages resulting in increased duties [21-23,25]. While the problem of decreased well-being in faculty members is described in the literature, there are limited solutions as most programming available within higher education settings have been created

for and used by the student population [4-5,7,15-17]. The Well-Being through Occupational Participation (WBOP) intervention, which includes content on self-compassion, engagement in meaningful occupations, and occupational balance, has been shown to be effective in the OT student population [43]. Therefore, the purpose of this mixed-methods pilot study was to assess the effectiveness of the WBOP intervention in promoting well-being in Filipino OT faculty members and to examine the efficacy of the WBOP intervention on a population other than it was originally designed, in the hopes of expanding the intervention usage. The primary quantitative research question was to determine if the WBOP intervention improved general well-being in Filipino OT academic faculty. A secondary quantitative question looked to see if Filipino OT faculty members' self-compassion, engagement in meaningful occupations, and occupational balance increased following participation in the intervention. The qualitative research question looked to explore the meaning and impact of participating in the WBOP intervention for the participants.

Methodology

Study Design

This pilot study used a convergent mixed-methods approach to evaluate the efficacy of the intervention, collecting both quantitative and qualitative data at the same time, but analyzing the data separately [44]. Belmont University's Institutional Review Board granted approval of the project and informed consent was received from each participant prior to the first intervention session.

Recruitment

The primary investigator sent a letter of invitation to the chair of the Department of OT at the University of the Philippines Manila via email, who then forwarded the letter to her faculty. Also, after following the proper procedures of review and approval, the letter of invitation was forwarded to the Philippine Academy of Occupational Therapists' Committee on Research chairperson, who then disseminated the letter of invitation to faculty members within the Academy's membership. The desired participants needed to be an OT faculty member currently teaching in the Philippines and at least 21 years of age to be included in the study, and the exclusion criterion was individuals who do not speak or understand English as no translation services for the survey and intervention were available. Interested faculty members emailed the primary investigator, who then sent them instructions for signing the informed consent document and creating a unique participant ID number. Once the informed consent was signed and the participant ID number was generated, the primary investigator sent the participants a link to the pre-intervention data collection. The recruitment period spanned two weeks.

Instruments

Data was collected via a demographics questionnaire and 4 standardized measures.

Demographics Questionnaire

The demographics questionnaire consisted of the participant's ID number and 11 questions used to describe the participants. The demographic information gathered was related to the participants (e.g., age, gender, relationship, and caregiving status), their educational experiences (e.g., highest degree earned, if currently pursuing a degree), teaching history (e.g., number of years teaching, title, number of credit hours taught per academic year), and clinical experience (e.g., number of years of practice, current clinical practice).

Self-Compassion Scale – Short Form

The Self-Compassion Scale – Short Form (SCS-SF) was used to measure the construct of self-compassion [45]. The SCS-SF, which is a shorter version of the Self-Compassion Scale (SCS), is a 12-item scale where respondents rate how they treat themselves during difficult times using a 5-point Likert scale [46]. After performing reverse coding, the higher the score, the higher a person's rating of self-compassion. The SCS-SF demonstrates adequate internal consistency (Cronbach's alpha ≥ 0.86 in all samples) and a near-perfect correlation with the long-form SCS (r≥ 0.97 all samples) [45]. Internal consistency reliability for the current sample was excellent (α = .948, pre-intervention; α = .925, post-intervention).

Occupational Balance Questionnaire 11

The Occupational Balance Questionnaire 11 (OBQ), which is a revised version of the Occupational Balance Questionnaire, was used to measure levels of occupational balance in the study participants, with higher scores indicating higher levels of occupational balance [47-48]. The original questionnaire demonstrated good internal consistency ($\alpha \geq 0.94$) and test–retest reliability (r_s = 0.93); however, further psychometric testing necessitated a

reduction in the response scale categories (from 6 to 4) and the need for 2 items to be removed [47]. The current sample had excellent internal consistency reliability (α = .974, pre-intervention; α = .941, post-intervention).

Engagement in Meaningful Activity Survey

The Engagement in Meaningful Activity Survey (EMAS) was originally created to study the relationship between engagement in meaningful activities and quality of life in persons with mental illness [49]. However, the EMAS was modified (e.g., decreased response options, amended response option descriptors) and has been widely used with various populations including students and older adults [50-52]. Psychometric testing on the modified EMAS demonstrated very good internal consistency (α = .89), adequate test-retest reliability (*r* = 0.71), and excellent convergent reliability to assessments that measure life meaning/purpose, life satisfaction, and quality of life [51-52]. Internal consistency for the current study was α = .928, pre-intervention; α = .929, post-intervention, both excellent ratings.

14-Item Scales of General Well-Being

The 14-Item Scales of General Well-Being (SGWB) measures well-being, using a 5-point Likert scale, with higher scores indicating higher ratings of general well-being [53]. The SGWB, contains 14 items and was developed from the original Scales of General Well-Being, which consisted of 65 items [53]. The SGWB's McDonald's omega hierarchical (ωh) coefficient (0.86) demonstrated a high level of interrelationship between the 14 items. Internal consistency reliability for the current sample was excellent (α = .959, pre-intervention; α = .928, post-intervention) [53].

Data Collection Procedures

Data were collected twice through Qualtrics, an online survey software, pre-intervention and immediately post-intervention [54]. After the participants completed a screening question and provided informed consent, they completed the pre-intervention data collection including the demographics questionnaire and the 4 standardized assessments. Following the 5 intervention sessions, the participants completed the post-intervention data collection, which contained an attendance question, the 4 standardized assessments, and 1 open-ended reflection prompt. The reflection prompt was: "Please describe the meaning and impact of participating in the occupation-based intervention to promote well-being for you."

Data Analysis

Statistical Package for the Social Sciences was used for quantitative data analysis [55]. After completing the data cleaning process, the quantitative data was determined to be non-normative due to the presence of outliers within the data set. Therefore, a Wilcoxon Signed Rank Test was used, comparing pre and post-intervention medians, with significance set at $p<.05$. Effect sizes were categorized as large (>.05), medium (.3 to .5), and small (.3 to 0).

Qualitative data was analyzed line-by-line using a multi-level coding process (e.g., open codes, focused codes, invivo codes) [56-57]. Thematic analysis was used to identify patterns of words, phrases, and concepts that emerged from participant responses. The coding and thematic analysis was completed by 6 researchers collectively, with no individual coding occurring. Rigor was maintained throughout the process using investigator triangulation, prolonged engagement, audit trails and memos detailing codes and key decisions made [58].

Well-Being Through Occupational Participation (WBOP) Intervention

The WBOP intervention consisted of 5, 45-minute synchronous virtual sessions. The intervention sessions included small and large group discussions, mini-teaching sessions, personal reflection, and encouragement to practice strategies outside of sessions. While there was some variation, each session typically began with participants reporting on how they applied the previous session's content, followed by individual and group responses to a posed question/scenario. Thereafter, the facilitator provided a brief teaching moment on the session topic. Faculty members participated in small and/or large group discussions to share strategies and generate ideas on how they might apply the session material in the coming week. See Table 1 for a description of the intervention content.

The WBOP content was developed through a multi-step process including three research studies: a construct multiple linear regression study, a pilot study, and a subsequent larger study to determine its effectiveness within an OT student population [43]. A construct multiple linear regression study was conducted to determine which constructs best predicted overall well-being ratings in health professions students (nursing, pharmacy, physical therapy). Graduate non-health professions students (law, business, education) were used as a

comparison group. The independent variables included self-compassion, engagement in meaningful occupations, occupational balance, and physical activity and the study's specific dependent variables were psychological distress, health, wellness, and well-being. Self-compassion, engagement in meaningful occupations, and occupational balance were found to be the strongest predictors of well-being.

Based on the construct multiple linear regression study results, WBOP intervention was developed including reviews by 2 occupational therapists with expertise in self-compassion and occupational engagement to ensure content validity. The intervention was piloted with a group of OT students (n= 24). While the outcome measures in the pilot study did not show statistically significant differences, results from the repeated measures analysis of variance (ANOVA) were promising (general well-being ηp^2 = .15; engagement in meaningful occupations ηp^2 = .16) suggesting that if the study was adequately powered, statistical significance between the intervention and control groups may have been reached. Therefore, a follow-up intervention study was conducted with a larger sample size (n = 41), which yielded a significant interaction effect between time and group on general well-being scores, $F(2, 78) = 3.92$, $p = .024$, $\eta p^2 = .09$, with the partial eta squared indicating a medium effect size.

Results

Participants

There was a total of 6 faculty members who participated in the pilot research study. However, 1 participant withdrew from the study after attending the first session due to scheduling conflicts, which left 5 remaining participants. The mean participant age was 32 years, with ages ranging from 23 to 43 years. The sample included two (2) females and three (3) males, with all reporting being single and having no caregiving responsibilities. The years each participant taught ranged from 2 to 8 years, with a mean of 5.4 years. Four of the participants have a master's degree and are not currently pursuing further degrees, while the remaining participant has a bachelor's degree and is currently pursuing a master's degree. Most participants worked between 2-4 years in a clinical setting before transitioning to academia, however, 1 person had 20 years of clinical experience. Three participants currently perform clinical work in addition to their academic duties. All 5 participants attended all intervention sessions.

Quantitative Data

The purpose of this study was to assess the effectiveness of the WBOP intervention in promoting well-being in Filipino OT faculty members, therefore, examining the efficacy of the WBOP intervention on a population other than it was originally designed. A Wilcoxon Signed Rank Test was used to look at pre and post-intervention differences, with each of the 4 constructs being analyzed separately. Refer to Table 2 for mean scores and standard deviations statistics by standardized measurement and data collection time point.

Outcome Measures

The SCS-SF scores showed a significant increase after the

Table 1. *WBOP Intervention Sessions Description*

Session	Title	Description
1	Well-being: What is it? Why is it important?	· Definitions of well-being · Importance of well-being · Occupational perspective of well-being
2	Self-compassion	· Interactions with a friend vs. self · Definition and components of self-compassion · Self-compassion break activity
3	Engagement in meaningful occupations	· Connection between engagement in meaningful occupations and well-being · Definitions from OTPF · Containers of meaning · Challenges and strategies for participation
4	Occupational balance	· What is occupational balance · Why occupational balance is important as a faculty member · Impacting your personal occupational balance
5	Promoting personal well-being now and in the future	· Review of previous topics · Moving knowledge to application · Occupational needs of agency, pleasure, and renewal · Well-being in the future

Table 2. *Comparison of Standardized Measurement Outcome Means by Time Point*

Outcome measures (n=5)	Pre-intervention M(SD)	Post-intervention M(SD)
SCS-SF	37.00 (12.13)	45.60 (8.62)
OBQ	24.80 (10.38)	31.00 (7.58)
EMAS	33.20 (8.14)	35.60 (7.44)
SGWB	45.60 (12.97)	50.40 (9.13)

completion of the intervention (Mdn=45) than before the intervention (Mdn=40), T=15, *p*=0.042. The effect size was also considered large with a value of r= 0.64. While there was an overall increase in median scores for the OBQ from pre-intervention (Mdn=25) to post-intervention (Mdn=31), the increase was not significant, T=14, *p*=0.078. The EMAS post-intervention scores also did not reflect a significant increase after completion of the intervention (Mdn=35) when compared to the pre-intervention scores (Mdn=34), T=13.5, *p*=0.102. Finally, the SGWB scores showed a significant increase after the completion of the intervention (Mdn=50) than before the intervention (Mdn=48), T=15, *p*=0.041. The effect size was also considered large with a value of r=0.65. Refer to Figure 1 to view the percent changes between the pre- and post-intervention test scores.

Qualitative Data

Participants were asked to reflect on the meaning and impact of participating in the occupation-based WBOP intervention. Three themes emerged from the qualitative data analysis including time to reflect on well-being and occupational engagement, opportunity to view well-being differently, and increased mindset and intentionality.

Time To Reflect on Well-being and Occupational Engagement

For the faculty, participating in the intervention provided them with dedicated time and space each week to focus on their well-being. This was particularly important as their daily schedules and routines were quite full and did not afford them a time set-aside to specifically stop and consider their current well-being and how they could promote their well-being. One participant stated that through the intervention they "had the time and opportunity to look into certain aspects of things I do that I would typically ignore." Also, this time of reflection included both individual reflection as well as discussions with other faculty members. The shared experience with peers gave them opportunities to learn from and contribute to others' well-being as well as recognize that they were not the only ones that needed to promote their well-being. Specifically, one participant identified that this intervention helped them to "look at my well-being in a different light." Another participant said, "Participation in the intervention gave me time to focus on my well-being and a chance to reflect with others who share the same experiences."

Opportunity to View Occupational Engagement Differently

The second theme that emerged from the qualitative data was that the intervention gave the participants the opportunity to view their occupational engagement from a different perspective. One participant said, "The weekly assignments gave me an excuse to change the way I think about occupational balance." Also, because the intervention offered an occupation-based perspective, participation

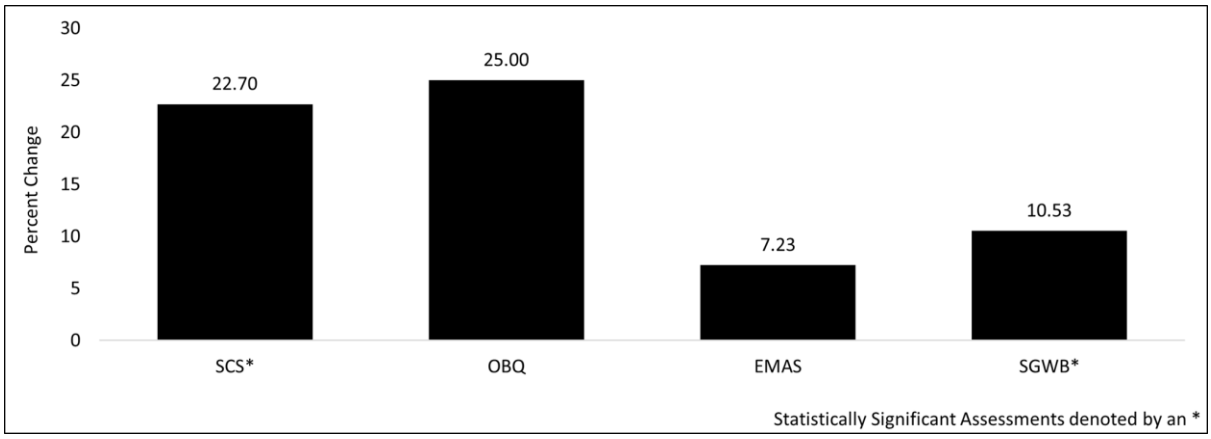

Figure 1. Percent Change from Pre- to Post-Intervention

allowed many participants a chance to consider their occupational engagement and how it impacted their well-being. Participants reported how their occupational engagement related to health and satisfaction in occupational performance impacted their well-being. More specifically, the participants described that their everyday occupations took on more significant meaning than before the intervention. One participant acknowledged that "the meanings of the things that I do help me give them a little more value than they what they held before."

Increased Mindset and Intentionality

The third and final theme from the qualitative data was that participants felt that they had an increased mindset and intentionality surrounding their well-being at the conclusion of the intervention. The change in mindset allowed the participants to consciously approach and prioritize their well-being. Once they were able to alter their mindset, then they took intentional action to actively promote their well-being in their daily activities. One participant specifically mentioned that the intervention "made me reflect on intentionality of our actions to maintain well-being." While another participant said that "Learning more about intentionality and mindset has helped me reflect on how I currently engage in my occupations."

Discussion

The purpose of this study was to assess the effectiveness of the WBOP intervention in promoting well-being in Filipino OT faculty members and to examine the efficacy of the WBOP intervention on a population other than it was originally designed, in the hopes of expanding the intervention usage. Quantitative results showed a statistically significant difference between pre- and post-intervention scores with a large effect size for both the general well-being and self-compassion outcome measures. The difference in general well-being could be attributed to the participants viewing well-being in an alternative light. Because the faculty members' schedules were typically full of academic responsibilities, they did not always have time to both reflect on and participate in occupations that promoted their well-being [21-22,25]. By practicing self-compassion, the participants in this study gave themselves time and permission to reflect on their overall well-being and the personal meaning their pre-established occupations afforded them. Also, when the participants extended self-compassion to themselves through self-kindness and mindfulness, as demonstrated by significant results, then they were more intentional about reflecting on their occupational engagement and found a deeper satisfaction in their chosen occupations [40-41]. Also, the participants demonstrated the self-compassion concept of common humanity by reflecting on shared experiences with faculty peers, which perhaps led the participants to realize their fellow faculty often face similar challenges to personal well-being. Learning about and intentionally implementing self-compassion into their busy lives seemed to be the catalyst to increasing the participants' well-being.

The two outcome measures that did not demonstrate statistical significance were the OBQ and the EMAS. Engagement in meaningful occupation is a well-known premise of OT literature as it promotes, facilitates, supports, and maintains the health and well-being of individuals [25, 28-31]. However, engagement in meaningful occupation requires time and intentionality on a person's part [28-29]. Occupational balance also requires both sufficient time and variety when incorporating meaningful occupations into an individual's routine [32-37]. Through the intervention, the participants had a designated time to reflect on their well-being and the meaning behind the occupations they participated in, which may have been helpful in simulating thoughts and ideas about how to promote their overall well-being. However, 5 weeks may not have been enough time to evoke actual change in the participant's routines where they had time to participate in a variety of occupations because of the current challenges they face related to their academic roles (e.g., less than 5 years in academia, multiple roles, shortage of faculty, heavy teaching loads) [21-23,25]. While occupations associated with their faculty roles were meaningful to the participants, perhaps too much time spent doing work-related occupations, prevented them from participating in other meaningful occupations that encourage competence, autonomy, contentment, identity, belonging, and rest. The 5-week period may have been an insufficient amount of time for the participants to reflect, consider, and make changes in their occupational participation to promote their well-being. While there was no statistically significant difference for both engagement in meaningful occupations and occupational balance, the overall means for both the OBQ and EMAS increased, which may indicate the participants' occupational engagement and occupational balance were increasing and would have continued to improve over time.

Limitations

This study has several limitations. Because this was a pilot study, the limitations include the small sample size and all participants being from the same university system. Also, the

variety in the participants' demographic profiles (e.g., years of service, areas of clinical expertise, educational degrees) may have attributed to confounding factors which may have impacted the results. Therefore, there is limited generalizability as the participants' experience may not be reflective of all Filipino OT faculty members' experience related to well-being. Also, cultural differences may have impacted the results as the intervention facilitator: the participants were from different cultural backgrounds, and the intervention was originally developed for OT students in a Western context. Another limitation is that there was no control group for comparison, therefore, there is the possibility that the significant changes in well-being and self-compassion could be attributed to general change over time as the semester progressed.

Opportunities for Future Research

These study results point to additional opportunities for future research. Since this was a pilot study to see if the intervention was effective in another population, this intervention study could be replicated within a larger sample of Filipino OT faculty members or OT faculty members recruited from another country or university system. Also, this study included only OT faculty; however, knowing decreased well-being is common among faculty members, a future study could include faculty from a variety of academic disciplines. To assess the effectiveness of the intervention over time, additional data collections (e.g., 6 weeks, 6 months, 1 year) could be taken to determine sustainability and if intention was converted into action.

Conclusion

Filipino OT higher education faculty experience low levels of well-being due to the stress they experience resulting from tenure and promotion requirements and the large number of responsibilities placed upon them by their institutions. The purpose of this pilot study was to assess the effectiveness of the WBOP intervention in promoting well-being in Filipino OT faculty members and to examine the efficacy of the WBOP intervention on a population other than it was originally designed, in the hopes of expanding the intervention usage. The results of this study suggest that the intervention improved the OT faculty members' perceived sense of well-being and the amount of self-compassion they hold for themselves. These results suggest that the WBOP intervention, which was initially developed for OT students, was effective in promoting well-being in another population and can help to address the problem of decreased well-being in Filipino OT faculty members.

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