

How Do Occupational Therapists in Israel Perceive the Impact of Health Systems Management on their Profession

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Abstract

This study examined how occupational therapists in Israel understand the impact of health systems management on their profession. This research project aimed to address a significant gap examining system manager practices in relation to therapists lived experiences concerning quality of care, job satisfaction, well-being and career development. Semi-structured qualitative interviews with 40 occupational therapists from multiple settings across Israel (using snowball methodology) were conducted. Thematic analysis revealed that bureaucracy, lack of management support for therapists, and very few continuous professional development options directly impacted therapists' professional functioning and emotional resilience. This study demonstrated that Health systems management plays a substantive role on therapist functioning, well-being, and mental health. Recommendations included addressing excessive administrative work, supporting therapist development of professional autonomy, and fostering continuous developments options for therapists. Theoretically, the study contributes to the organizational literature and occupational therapy literature, and practically, calls for system-level activities to develop better well-being and patient care outcomes for therapists.

Keywords: *Occupational therapy, health systems management, professional autonomy, job satisfaction, burnout, organizational commitment, well-being, Israel.*

1. INTRODUCTION

The present study seeks to examine the experiences of occupational therapists (OTs) working in the health care system in Israel. The study explores the influence of health systems management on crucial areas of their professional lives including quality of care, job satisfaction, psychological well-being, commitment to the organization, degree of burnout, and perceived opportunities for continuing professional development. In addressing six nested sub-research questions, the study aims to utilize a qualitative approach to escalate understandings of therapists' perceptions about their lived experiences. The study concludes that inflexible managerial protocols, occupational therapists' high level of administrative responsibility, and absence of systemic resources in a health system context, all serve to constrain the professional efficacy and psychological well-being of OTs. The outcome of the study makes a meaningful contribution to the discussion of allied health professions and health care management in the context of Israel and presents with practical implications for system change and future inquiry.

As explained by the World Federation of Occupational Therapists, occupational therapy is a client-centered health profession that enables health and well-being through occupation (Hoel et al., 2021). In Israel, occupational therapy has been institutionalized since 1946, and today therapists are employed in a variety of contexts including hospitals, rehabilitation centers, schools, and community-based services (Hen et al., 2021; Yao et al., 2022). In the present context of health systems management, systems level considerations can be defined as the administrative, organizational and leadership structures that influence the delivery of care. Key terms in vocabulary such as job satisfaction, burnout, professional autonomy, and organizational commitment are important to frame and contextualize the relationship between system-level decisions and therapist outcomes (Bellibas & Liu, 2017; Grego-Planer, 2019). These concepts define the experience of therapists as well as define the quality of professional healthcare through institutional arrangements.

The significance of this study lies in the dual relevance of healthcare workforce sustainability and quality patient care. Past research focused on job satisfaction, and professional autonomy for health professionals, as important factors relating to positive patient outcomes and effectiveness of the institution (Lu et al. 2012; Berberoglu; 2018).

However, very limited research has been done on occupational therapists in Israel experiencing these issues within the current organizational structures. This study fills this gap in the literature by amplifying the voices of 40 occupational therapists through semi-structured interviews, and generating new knowledge for policymakers, managers, and educators. The study's exclusive emphasis on first-hand accounts not only have brought existing issues to our attention, but also provided evidence-based

potential solutions to help decrease burnout, enhance job satisfaction, assist in professional development opportunities for occupational therapists working in Israel's public healthcare system.

The study utilized a qualitative methodology, including semi-structured interviews, which was further reviewed by conducting a thematic analysis in order to uncover recurring themes (Creswell & Poth, 2018; Naeem et al., 2023). Participants were recruited in a snowball fashion from different practice settings to accommodate a range of experiences and perspectives (Ting et al., 2025). The main findings of the study were that heavy administrative demand impacts care quality, reduced autonomy impacts satisfaction, incompetent management can contribute to emotional exhaustion, and poor support reduces professional development opportunities. The study outlined system-level changes focused on supporting therapist well-being through reduced bureaucratic burden and increased investment into continuing education. These changes are critical not only for the professionals' mental health but also to ensure the future sustainability and viability of occupational therapy services across Israel.

2. LITERATURE REVIEW

2.1 Occupational therapy in Israel

The occupational therapy profession in Israel was established in 1946 with the direction and approval of the American Occupational Therapy Association (AOTA) and has been consistent with professional standards in the U.S. The Organization of the Occupational Therapy Profession in Israel was organized in 1949, which was formally inaugurated at the culminating ceremony of the first certification course. This organization has promoted the advancement of the occupational therapy profession through the provision of advanced training, newsletters, improved working conditions and salaries, and increased professional status (Hen et al., 2021).

The primary aim of occupational therapy is to "enhance people's health and well being and overall quality of life by enabling people to engage in important and meaningful activities" (Hoel et al., 2021). Occupational therapy's shape is incredibly broad and occupational therapists can be found in hospitals, rehabilitation centers, mental health clinics, home health care, schools, early intervention programs, residential centers, assisted living facilities and/or community agencies. Furthermore, occupational therapy is a health discipline that can facilitate a broad range of services to people of all ages, populations and communities to support their full participation in occupations of daily life in home, education, work, and leisure (Yao et al., 2022).

2.2 Job satisfaction among health system employees:

Job satisfaction has been defined as "the level of positive affect [an individual] has about being at work" (Bellibas & Liu, 2017, p. 51). By emphasizing an individual's subjective feelings towards their job, this definition reveals the personal nature of job satisfaction in terms of one's comfort and feelings associated with being at work. Similarly, job satisfaction can also be defined as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Calik, 2017, p. 2499). This definition implies that job satisfaction comes from an emotional response that is a result of an assessment of the individual job or related experiences, suggesting that positive assessments can lead to positive feelings.

Research in the past has clearly documented positive indicators associated with job satisfaction as an important component of people's lives and productive experiences in the workplace. For example, Lu, Barriball, Zhang, and While (2012) reported that healthcare professionals reported higher levels of job satisfaction when higher levels of job satisfaction were noted, greater job performance and patient care outcomes were noted; and in another example, McGlynn, Griffin, Donahue and Fitzpatrick (2012) reported that job satisfaction and lower turnover rates among nurses were still important contributors to organizational stability and patient safety.

2.3 Employee well-being among health system employees:

Employee health is of increasing relevance now and in the future of work. Organizations recognize that employees are the heart of any organization and sector. Employees drive the actions and activities of a happening organization (Santos & Lousã, 2022), a happy workforce is an engaged and effective workforce, with less burnout and is a good predictor of organizational performance and turnover.

Research shows that employee health and wellness have a substantial amount to do with the way in which people are managed. Leadership & management systems (supportive vs. punitive leadership) and structures (flexible vs. unmanageable demands), process, rules and regulations result in healthy work

environments or unhealthy. (Cheng et al., 2022).

Some basic research has shown that the health and well-being of employees is also influenced by employee voice and leadership styles. Supporting employees in their work journeys is important in achieving an engaging and effective workforce (Cranfield, et al., 2021), which is also a poor predictor of stress, dissatisfaction, and other adverse health problem or illnesses. This is a larger take home message that organizations should consider building investment into training and developing their leaders so that they can be the "h-work-workers and enabling responsibility" to performance in a well-led work environment.

2.4 Organizational commitment (OC) among health system employees:

Moreover, Organizational commitment (OC), is defined as the relative strength of an individual's identification with and involvement in a particular organization (Grego-Planer, 2019). There is no way to obtain superior performance from employees if every employee is not committed to the goals of the organization and that he/she does not have a commitment to being a good team member (Kalkan, et al., 2020).

Within the health system, organizational commitment is a significant contributor to many outcomes related to both employees and patients and is recognized as an important construct (de las Heras-Rosas et al., 2021). Higher levels of organizational commitment from health care employees, nurses in particular, have a positive influence on job performance, turnover intention, and the quality of the care they provided. Research indicates that organizational commitment is primarily influenced by job satisfaction, professional competency, and intrinsic motivation. For example, an effective organizational climate is able to enhance both effective and normative commitment of employees in the healthcare settings which subsequently lead to increased job satisfaction and decreased intent to leave (Berberoglu, 2018).

2.5 Burnout among health system employees:

Burnout among healthcare system workers is a significant and worsening issue. It is usually characterized by emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment, and affects many healthcare workers (Sharif et al., 2024). Evidence suggests healthcare worker burnout can be significant; estimates as high as 45% for intensive care specialists and 25-33% for intensive care nurses suggest burnout may be as high as it has ever been (Apaydin et al., 2023). Rates of burnout in health professions have been associated with the challenge of a heavy workload, time pressures, and emotional effects of frequent exposure to patient suffering and death, as well as administrative burdens, and lack of autonomy in complex healthcare settings (Martins et al., 2024). Burnout not only impacts the mental health and physical health of healthcare workers, it is also correlated with increased absenteeism, lost productivity, loss of quality in patient care, increased medical errors, and decreased patient satisfaction (Apaydin et al., 2023). All this has implications that need to be addressed at a system level to improve health systems and support the health of workers (Cohen et al., 2023).

3. MATERIAL AND METHODS

The current research study utilized qualitative research methodology to understand the perspectives of occupational therapists in Israel, regarding the effects of health systems management on their profession. This methodology was chosen because it offers a richer, more in-depth and holistic understanding of participants' lived experiences, beliefs, and opinions. Qualitative research is better suited for personal subjective experiences than quantitative methods (Lim, 2024). Qualitative research allows the researcher to appreciate multiple realities and the experiences of complex phenomena, making it a valuable methodology when exploring the subjective life of occupational therapists on autonomy, workplace satisfaction, and occupational burnout occurring in an often complex, time limited healthcare system (Creswell & Poth, 2018; Merriam & Tisdell, 2016). The study is intended to view evaluate if and how systemic respects of managerial practices impact the personal and professional lives of the occupational therapists at work in real life.

In the current study, the semi-structured interview was the main research instrument. This was important because semi-structured interviews provide a good balance between the rigidity of guided inquiry and separation from the confines of inquiry, which provides participant a lot of opportunity and space to provide rich and detailed insights while addressing the central research questions (Ruslin et al., 2022). For example, using open-ended questions allowed participants the freedom to however elaborate on their

experiences, opinions, and perceptions without constraints which is important when exploring subjective realms of well-being, organizational commitment, and quality of care (Magaldi & Berler, 2020). The semi-structured interviews also helped achieve the objective of finding emergent themes and concerns that a close-ended questionnaire would never have fully captured and, thus meaning more insightful and validation towards the findings (Ahmed et al., 2025).

The research was conducted with a multi-disciplinary population of occupational therapists practicing occupational therapy in Israel. The participants consisted of 40 occupational therapists chosen based on snowball sampling, which is especially oriented toward reaching participants who within a professional specific professional discipline may be fairly well interrelated. Initial participants were requested to refer other occupational therapists to potentially participate in the study, assisting researchers in accessing a wider breadth of contextualized perspectives of practice in different health care settings. The snowball sampling method allowed for a variety of sampling to occur in this situation and ensured diverse options such as age, years of experience, work setting and geographic location offering researchers a more holistic view of individuals' collective professional experiences (Ting et al., 2025).

For analysis of the data, thematic analysis was utilized, which is an established process for identifying, analyzing and reporting patterns of meaning within qualitative data (Naeem et al., 2023). Thematic analysis was suitable for synthesizing the multiple and intricate accounts provided by the participants, occupational therapists, into meaningful themes that accurately depicted their perceptions of the impact of health systems management. Thematic analysis enabled simple coding of the interview transcripts, and sequentially constituting key themes addressing the research sub-questions. Thematic analysis also helped to ensure the findings remained inextricably linked to the participants' description of their own words and experiences with the phenomenon, increasing the trustworthiness of the findings and their contribution to policy and practice (Liebenberg et al., 2020).

4. RESULTS

This section presents the main findings from interviews conducted with occupational therapists (OTs) in Israel about six themes concerning the effects of health systems management on their working lives. Participants discussed the effects of administrative burden, loss of autonomy, emotional burden and the lack of continuing competency support all of which led to broader questions about how health systems management is impacting care, job satisfaction, and the wellbeing of OTs.

Theme 1: The Influence of Health Systems Management on the Quality of Care

Participants consistently communicated that, administrative demands and bureaucratic corporate systems create barriers for them providing quality care. One occupational therapist stated, "I honestly spend almost my entire day filling out forms, and all I have done is spent less than forty-five minutes to help my patients and deal with my documentation." Another participant said, "The system is based on paperwork, not actual cares." Another added, "We are told we have quotas, not actual cares left for us." These perceptions support previous research, which reported that a substantial portion of Israeli occupational therapists' work hours included non-clinical aspects such as administrative time that distracts from providing services to patients (Almog & Gilboa, 2022). When health systems place more emphasis on capitalist bureaucratic efficiency than on individuals seeking therapeutic experiences, then quality of occupational therapy services is almost inevitable (Kingston et al., 2019).

Theme 2: The Influence of Health Systems Management on Job Satisfaction and Professional Autonomy

Numerous participants referred to their perceived diminishment of autonomy and job satisfaction in managerial structures that require rigid delegation of just about everything. One therapist mentioned, "It's hard to feel like a professional when every tiny decision has to be approved." Another therapist said, "I didn't go to school for this long to have someone dictate how the solution to every single case", while a third occupational therapist said, "Protocols are one thing, but they won't replace my clinical judgement." These experiences are consistent with emerging research that shows that high levels of top-down management and imposed rigid procedures are harmful to occupational therapists' professional autonomy and satisfaction; particularly when occupational therapists are unable to use their clinical expertise (Dupre & Salehi, 2025). Autonomy is a key element in job satisfaction for health professionals, and will impact motivation and morale when it is lost (Zychová et al., 2024).

Theme 3: The Influence of Health Systems Management on Well-being among Occupational Therapists in Israel

Interviewees reported that system management pressures were negatively impacting their emotional and psychological health. One therapist described this, stating, "I go home every day, not exhausted from the work, but emotionally exhausted." Another therapist stated, "the stress from the expectations of administration is worse than what we see from our patients," and a third said, "I have considered quitting more than once due to the way management treats us." This was consistent with international research which shows that inadequate organizational support and burdensome administrative responsibilities have both mentally draining effects and negative impacts on healthcare professionals' overall well-being (George, 2024). Beyond the demands of the job, this could also reflect discrepancies in expectations based on leadership style and workplace climate (Ayati et al., 2025).

Theme 4: The Influence of Health Systems Management on Organizational Commitment

Therapists reported that their emotional engagement at work had decreased due to feelings that the system did not value them. One therapist commented, "I am loyal to my patients. I will not be loyal to the system." Another therapist stated, "There is no belongingness when management does not support my voice," and a third therapist simply stated, "Why be loyal to an employer who does not commit to us?" These statements are consistent with the research which shows that while supportive management and recognition enhance organizational commitment, bureaucratic apathy and inflexibility increases disengagement (Berberoglu, 2018; de las Heras-Rosas et al., 2021). The literature consistently shows that organizational commitment is largely dependent upon job satisfaction and the extent to which employees feel respected and welcomed into the workplace (Grego-Planer, 2019).

Theme 5: The Influence of Health Systems Management on Burnout Levels among Occupational Therapists in Israel

Burnout emerged as a theme in nearly all the interviews, with participants pointing to systemic inefficiencies and emotional strain. One therapist shared, "I feel depleted by the system more than I feel depleted by my patients." Another stated, "I work for free after hours. I am always just tired," while another shared "We are designed to burn out. I have no support, no time to recharge, only pressure." These accounts are consistent with current literature that identifies burnout amongst health care workers with care that political factors promote ineffective administration, too many hours and tasks, limited power (Apaydan, et al., 2023; Sharif, et al., 2024). Burnout not only affects occupational therapists' mental well-being but also negatively influences patient outcomes and organizational productivity (Martins, et al., 2024).

Theme 6: The Influence of Health Systems Management on Occupational Therapists' Professional Development and Continuing Education Opportunities

Several therapists conveyed how the absence of system support on continuing education has limited them in their growth. One participant shared, "Courses are too expensive and don't always get approved by management." Another participant stated, "It is difficult to grow as a professional when there was no one prioritizing your development", and a third indicated, "I want to specialize more, but the system does not support that." These sentiments are echoed in the literature indicating that when professional development is not facilitated or subsidized by the health system, clinicians feel they are stagnant and are not as effective (Hen et al., 2021). Continuing education is critical to maintaining the quality of occupational therapy practice, and health systems that lack commitment to this ultimately run the risk of losing skilled practitioners, and quality of care diminishes (Yao et al., 2022).

5. DISCUSSION

The results of this research outline the significant role that health systems management plays in the professional practice of occupational therapists in Israel, specifically with regard to the quality of care. Participants in this study spoke about how the numerous administrative demands posed barriers to the time they could spend with patients, and reduced their quality of care. This corresponds to Almog and Gilboa (2022), who found that Israeli occupational therapists spent 80 percent of their time on documentation and non-clinical activity. In addition, Sinsky and others (2016) reported that health

systems focusing on bureaucratic efficiencies detracted from patient clinical care, and often compromised the therapeutic relationship. In context, these systemic restrictions may signal the need for reforms in management to reduce documentation requirement, rather than require the occupational therapist to deliver individualized, high-quality care.

A further key issue present was the reduction in job satisfaction and professional autonomy as a result of the reliance on a regimented managerial approach. Many occupational therapists were clearly unhappy about the lack of clinical decision making, and many believed this was because of excessive control and dependence on protocol. This finding is consistent with literature from around the world that identifies the negative influence of top-down leadership, impacting professional autonomy and morale (Zychová et al. 2024). In addition, Dupre and Salehi (2025) highlighted that job satisfaction for therapists was linked to confidence in professional judgement. Lack of autonomy creates not just dissatisfaction, but the potential for turnover. Our results reiterated the need for occupational therapists to make professional judgements based on client needs - not on management preferences.

The findings of this study also indicated that due to health systems management, emotional exhaustion and mental stress are compounded. Participants highlighted systemic pressure, not the patient engagement they were involved in, as the source of exhaustion. These findings are consistent with Dopelt and others (2021) when they reported organizational stress and poor leadership during crises contribute to healthcare workers' mental health in Israel. Ayati and others (2025) also reported that a supportive organizational climate can operate as a protective factor against burnout and stress. The data generated in this study clearly illustrated that occupational therapists need a combination of not only physical resources but also emotional and managerial support for well-being.

The study subsequently discovered that poor management engagement adversely affects organizational commitment and opportunities for professional growth. Some of the participants were loyal to their patients rather than their employing organizations, a feeling that resonated with them for some of the reasons that include lack of support, lack of recognition, and no investment in continuing education. This has been supported through the works of Berberoglu (2018) and de las Heras-Rosas and others (2021) that show organizational commitment is affected by the leadership styles, development support, and the quality of work environment afforded. Keep and others (2025) also emphasized that professional development opportunities greatly enhance retention and motivation. Without the strategic leadership that slowly builds culture upon growth and inclusion, occupational therapists might become disengaged, ultimately altering workforce stability and patient outcomes.

6. CONCLUSION

The present study explored the perceptions of occupational therapists in Israel regarding the effects of health system management, in terms of the type and quality of care provided by therapists. The participants indicated that regarding their ability to provide a high quality of care, time spent on administrative tasks, limited autonomy, and lack of management support interfered with the quality of care they provided.

Furthermore, participants consistently identified feelings of burnout, emotional exhaustion, and decreased levels of job satisfaction, all of which indicated the negative impacts of working within beleaguered bureaucratic structures. In addition to these burdens on well-being and engagement with their employer, the lack of opportunities for participation in professional development and continuing education instruction further reinforced therapists' sense of stagnation in these bureaucratic management structures in the public system.

The results support important conclusions regarding the therapeutic implications for the Canadian healthcare management systems to lessen detrimental management practices, prevent increased burdensome administrative tasks, as well as enable care providers to support professional growth and autonomy. While the current study provides rich descriptions of therapists' lived experiences, there is still a need for more in-depth explorations of other factors, such as what long-term factors might arise from these management issues that negatively impact patient care and retention of the workforce. Future research might focus on the effectiveness of the interventions that promote managerial responsiveness, and adjustment to workloads. Importantly, whether in terms of each individual's experience or overall organizational sustainability, system-level changes that will enhance occupational therapy performance and satisfaction are necessary, not just for the health and sustainability of the therapists, but for the integrity and quality of patient care across Israel.

7. REFERENCES

1. Ahmed, S. K., Mohammed, R. A., Nashwan, A. J., Ibrahim, R. H., Abdalla, A. Q., Ameen, B.
2. M. M., & Khdir, R. M. (2025). Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 6, 100198. <https://doi.org/10.1016/j.jglmedi.2025.100198>
3. Almog, T., & Gilboa, Y. (2022). Remote delivery of service: A survey of occupational therapists' perceptions. *Rehabilitation Process and Outcome*, 11, 11795727221117503. <https://doi.org/10.1177/11795727221117503>
4. Apaydin, E.A., Rose, D.E., McClean, M.R. et al. (2023) Burnout, employee engagement, and changing organizational contexts in VA primary care during the early COVID-19 pandemic. *BMC Health Serv Res*, 23 (1306). <https://doi.org/10.1186/s12913-023-10270-8>
5. Ayati, S., Sitaniapessy, A., & Widokarti, J. R. (2025). The influence of organizational climate, situational leadership style, and job satisfaction on employee performance at the East Kalimantan Regional Police Medical and Health Unit (Biddokes). *Paradoks: Jurnal Ilmu Ekonomi*, 8(2), 697-707
6. Bellibas, M., & Liu, Y. (2017). Multilevel analysis of the relationship between principals' perceived practices of instructional leadership and teachers' self-efficacy perceptions. *Journal of Educational Administration*, 55(1), 49-69. doi:10.1108/jea-12-2015-0116
7. Berberoglu, A. (2018). Impact of organizational climate on organizational commitment and perceived organizational performance: empirical evidence from public hospitals. *BMC Health Serv Res* 18, 399. Doi <https://doi.org/10.1186/s12913-018-3149-z>
9. Calik, T., Sezgin, F., Kavgaci, H., & Kilinc, A. (2012). Examination of Relationships between Instructional Leadership of School Principals and Self-efficacy of Teachers and Collective Teacher Efficacy. *Educational Sciences: Theory & Practice*, 12(4), 2498- 2504.
10. Cheng, J., Zhang, L., Lin, Y., Guo, H., & Zhang, S.(2022). Enhancing employee wellbeing by ethical leadership in the construction industry: The role of perceived organizational support. *Front Public Health*, 16;10:935557
11. Cohen C, Pignata S, Bezak E, et al. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: a systematic review. *BMJ Open*,13(e071203). doi: 10.1136/bmjopen-2022-071203
12. Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications.
13. de las Heras-Rosas, C., Herrera, J., & Rodríguez-Fernández, M. (2021). Organisational commitment in healthcare systems: A bibliometric analysis. *International Journal of Environmental Research and Public Health*, 18(5), 2271. <https://doi.org/10.3390/ijerph18052271>
14. Dopelt, K., Bashkin, O., Davidovitch, N., & Asna, N. (2021). Facing the unknown:
15. Healthcare workers' concerns, experiences, and burnout during the COVID-19 pandemic—A mixed-methods study in an Israeli hospital. *Sustainability*, 13(16), 9021. <https://doi.org/10.3390/su13169021>
16. Dupre, B., & Salehi, N. (2025). Understanding occupational therapists' job satisfaction through an ecological lens—A qualitative scoping review. *Occupational Therapy International*, 2025, Article 3268526, 1-20. <https://doi.org/10.1155/oti/3268526>
17. George, A. S. (2024). The emergence and impact of mental health leave policies on employee wellbeing and productivity. *Partners Universal International Innovation Journal (PUIIJ)*, 2(2), 99-120. <https://doi.org/10.5281/zenodo.11002386>
18. Grego-Planer, D. (2019). The Relationship between Organizational Commitment and Organizational Citizenship Behaviors in the Public and Private Sectors. *Sustainability*, 11(22), 6395. <https://doi.org/10.3390/su11226395>
20. Hen, Liat & Margalit, Tovi & Gal, Eynat & Bouni, Orly & Meyer, Sonya & Sachs, Dalia. (2021). Occupational Therapy in Israel: An Overview of Developmental Milestones. *Annals of International Occupational Therapy*, 4. 10.3928/24761222-20210921-05.
21. Hoel, Viktoria & Zweck, Claudia & Ledgerd, Ritchard. (2021). The Impact of Covid-19 for Occupational Therapy: Findings and recommendations of a global survey. *World Federation of Occupational Therapists Bulletin*, 77. 22. 10.1080/14473828.2020.1855044.
23. Keep, G., Bye, R., Eriksson, C., & Lim, D. (2025). Occupational therapists' career planning, development, and progress: An Australian mental health perspective. *Occupational Therapy International*, 2025, Article 3901634, 1-9. <https://doi.org/10.1155/oti/3901634>
24. Kingston, G., Pain, T., Murphy, K., Bennett, M., & Watson, M. (2019). Perceptions of acute hospital occupational therapy services: Developing a new model of care for occupational therapy on acute medical wards. *International Journal of Therapy and Rehabilitation*, 26(12), 1-9. <https://doi.org/10.12968/ijtr.2017.0047>
25. Liebenberg, L., Jamal, A., & Ikeda, J. (2020). Extending youth voices in a participatory thematic analysis approach. *International Journal of Qualitative Methods*, 19, 1609406920934614. <https://doi.org/10.1177/1609406920934614>
26. Lim, W. M. (2024). What Is Qualitative Research? An Overview and Guidelines. *Australasian Marketing Journal*, 33(2), 199- 229. <https://doi.org/10.1177/14413582241264619>
28. Lu, H., Barriball, K. L., Zhang, X., & While, A. E. (2012). Job satisfaction among hospital nurses revisited: A systematic review. *International Journal of Nursing Studies*, 49(8), 1017-1038.
29. Magaldi, D. & Berler, M. (2020). Semi-structured Interviews. In: Zeigler-Hill V., Shackelford
30. T.K. (Eds.) *Encyclopedia of Personality and Individual Differences*. Springer, Cham. https://doi.org/10.1007/978-3-319-24612-3_857
31. Martins, P., Luzia, R. W. S., Pereira Filho, J. A., Welsh, K. S., Fuzikawa, C., Nicolato, R., Alemão, M. M., Gonçalves, M. A., Cavalheiro, J. C., Dumont Ávila, I., & Veiga, R.
32. T. (2024). Prevalence and factors associated with burnout among health professionals of a public hospital network during the COVID-19 pandemic. *PLOS ONE*, 19(4), e0298187. <https://doi.org/10.1371/journal.pone.0298187>
33. McGlynn, K., Griffin, M. Q., Donahue, M., & Fitzpatrick, J. J. (2012). Registered nurse job satisfaction and satisfaction with

the professional practice model. *Journal of Nursing Management*, 20(2), 260-265.

34. Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

35. Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, 22, Article 16094069231205789. <https://doi.org/10.1177/16094069231205789>

36. Ruslin, Mashuri, S., Abdul Rasak, M. S., Alhabysi, F., & Syam, H. (2022). Semi-structured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME)*, 12(1, Ser. V), 22–29. <https://doi.org/10.9790/7388-1201052229>

37. Santos, Reinaldo Sousa & Lousã, Eva. (2022). 2022 GIVE ME FIVE - The most important social values for well-being at work. *Administrative Sciences*, 12. 101.

38. 10.3390/admsci12030101.

39. Sharif, S., Liaqat, F., Javed, I., Ashiq, N., Javed, Z., & Chattha, H. N. (2024). Burnout syndrome among healthcare workers: A systematic review of risk factors and prevention strategies. *Frontiers in Chemical Sciences*, 5(1), 36–49.

40. Ting, H., Memon, M. A., Thurasamy, R., & Cheah, J.-H. (2025). Snowball sampling: A review and guidelines for survey research. *Asian Journal of Business Research*, 15(1), Article 250186. <https://doi.org/10.14707/ajbr.250186>

41. Yao, Daryl Patrick & Sy, Michael & Martinez, Pauline & Laboy, Elizabeth. (2022). Is occupational therapy an ableist health profession? A critical reflection on ableism and occupational therapy. *Cadernos Brasileiros de Terapia Ocupacional*, 30.

42. 10.1590/2526-8910.ctore252733032.

43. Zychová, K., Fejfarová, M., & Jindrová, A. (2024). Job autonomy as a driver of job satisfaction. *Central European Business Review*, 13(2). <https://doi.org/10.18267/j.cebr.347>