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ORIGINAL ARTICLE



# Occupational balance of Spanish occupational therapist – a challenge

Loreto González-Román[a], Paula Peral-Gómez[b,c], Jessica Garrido-Pedrosa[a], Inmaculada Zango-Martín[a], Petra Wagman[d] and Alicia Sánchez-Pérez[b,c,e]

[a]Health, Participation, Occupation and Care Research Group (GrEUIT). Escola Universitària d'Infermeria i Teràpia Ocupacional de Terrassa (EUIT), Universitat Autònoma de Barcelona, Terrassa, Spain; [b]Department of Surgery and Pathology, Miguel Hernández University, Alicante, Spain; [c]Grupo de Investigación en Terapia Ocupacional (InTeO), Miguel Hernández University, Alicante, Spain; [d]Department of Rehabilitation, Jönköping University, Jönköping, Sweden; [e]Alicante Institute for Health and Biomedical Research (ISABIAL), Alicante, Spain

**ABSTRACT**

**Background:** Occupational balance is a central aspect in occupational therapy. Awareness of occupational balance/imbalance among occupational therapists could influence the orientation of their professional interventions.

**Objective:** To describe and compare the occupational balance status of occupational therapists working in Spain.

**Material and methods:** Cross-sectional descriptive study using an online questionnaire. Participants were occupational therapists working in Spain who answered a questionnaire including 22 questions on the sociodemographic and employment data and the Spanish version of the Occupational Balance Questionnaire (OBQ-E) ranging 0–65 where higher ratings equal better occupational balance.

**Results:** A total of 648 currently working occupational therapists participated. Mostly women, with median age of 32 years, without partner, children, or dependents. The median OBQ-E was 37 (IQR = 27; 45). Statistically significant differences were found between the medians of participants varying in the categories 'hired as an occupational therapist', weekly work hours, and population working with children and adults.

**Conclusions and Significance:** Spanish occupational therapists presented a moderate occupational balance that varied between subgroups. Professional recognition, working hours, and the population they attend are aspects that influence their occupational balance. Knowledge of occupational therapists' occupational balance could contribute to the development of policies aimed at promoting it.

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Employment characteristics; occupational therapy; working life; professional identity

## Introduction

Occupational balance (OB) is the subjective experience of having the right combination, in quantity and variation, of occupations in a particular occupational pattern. It can be linked to the occupational areas, to the properties of the various occupations—physical, mental or social among others—and to the time spent in the performance of each occupation [1]. The OB of each person is changeable and particular and adjusts according to life events in a continuous occupational balance-imbalance continuum [2].

This concept has been central since the origins of occupational therapy because it is directly linked to human health and well-being [3]. This link allows us to focus occupational therapy interventions from both an individual and a collective community perspective [4]. In this sense, several investigations have been carried out on this subject in different groups, such as those with some type of mental [5–8], or physical disorder [9–11]. Parents caring for young children [12,13] and mothers caring for atypically developing children [14,15] have also been researched. Thus, occupational balance/imbalance is a key element in occupational therapy interventions [2,16].

However, as health professionals whose lifestyles can set an example for the people they care for [17] occupational therapists may be able to achieve greater adherence to treatment by their clients if they are able to maintain their own OB [2]. Similarly, Carrier et al. [18] noted that the clinical reasoning of occupational therapists working in community settings is influenced by both external factors (client characteristics and practice context) and internal factors (expertise and personal context). Therefore, occupational

CONTACT Paula Peral-Gómez pperal@umh.es Department of Surgery and Pathology, Miguel Hernández University, Alicante, Spain

therapists' own awareness of their OB and its impact on their health could influence their involvement in prevention and health promotion in the different services in which they intervene.

Research has been conducted on the health of occupational therapists themselves, mainly focussing on stress level [19,20] and burnout [19], as well as on coping strategies, among which an equal distribution of healthy occupations and the balance between professional and personal tasks stand out. Studies analysing occupational balance/imbalance in this group has also been reported [16,21,22]. Swedish occupational therapists have been investigated and while an earlier study including 62 occupational therapists identified no differences between their ratings of occupational balance and that of other health professionals [22] a later study with more than 3500 participants showed low ratings of occupational balance. Moreover, two thirds of the occupational therapists also rated high work load [23]. Another study from this project identified occupational balance and low work load among the factors associated to low stress [24]. Also in occupational therapy students, occupational balance may be difficult to achieve. According to the study by Wilson and Wilcock [25] few occupational therapy students attained occupational balance. Moreover, it has been described [2] that occupational therapy students valued that recognizing their own occupational balance/imbalance could positively influence the orientation of their future professional interventions.

This study aims to identify the OB status of occupational therapists working in Spain. The secondary objective is to compare the OB of occupational therapists with different employment characteristics.

## Material and methods

The present study is part of the project 'Study of the Occupational Balance of Occupational Therapists in Spain' whose main goal was to know the occupational balance of Spanish occupational therapists (status, their knowledge of it, and the strategies they use to maintain it). Occupational therapists residing in Spain were evaluated regarding demographic and employment characteristics, as well as occupational balance by means of an online questionnaire.

### *Data collection*

Recruitment was performed by convenience sampling between June 2019 and March 2020, when the Covid 19 pandemic began. The target population was contacted in several ways: through General Council of Occupational Therapists' Associations of Spain and all professional organisations and associations ($n = 18$); through all Spanish universities ($n = 18$); and through social networks.

To calculate the sample size, the program Granmo, version 7.12 (available at https://www.imim.cat/ofertade-serveis/software-public/granmo/) was used. Considering a total population of 4076 registered occupational therapists in 2018, according to data at the time the study was initiated [26], a sample of 761 individuals, with a confidence level of 95% and a precision of +/− 0.5 units, would be sufficient to estimate the population mean. A standard deviation of 7.8 units was estimated, in agreement with data obtained in a previous study based on the OBQ-E [2].

Information on sociodemographic, employment and OB variables was collected through an online questionnaire, including questions about age; sex; marital status; children or other dependent family members; autonomous community in which they work; years of work experience; type of contract; number of employers; working hours per week; distribution of the working day; areas, fields and population of work; tasks performed and their distribution; work with other professionals; and main difficulties at work. To assess occupational balance, the Spanish version of the Occupational Balance Questionnaire (OBQ-E) was used [27]. This instrument measures satisfaction with the number and variation of occupations, as well as the significance and time spent in different types of occupations. It consists of 13 items evaluated with a Likert-type response scale ranging from 0 ('Strongly disagree') to 5 ('Strongly agree'), the total score range being from 0 to 65 points. A higher score on the scale indicates a higher OB. It has presented good content validity, internal consistency (Cronbach's alpha = 0.868) and concurrent validity (in relation to life satisfaction, rho = 0.54; $p < 0.001$) as well as moderately strong test-retest reliability (rho = 0.69; $p < 0.001$), in a sample of occupational therapy students [27]. The original questionnaire was designed by Wagman and Håkansson [28] and presented adequate content validity, internal consistency (Cronbach's alpha = 0.936) and test-retest reliability (rho = 0.926) in a general population sample.

### *Statistical analysis*

Statistical analysis was performed with the statistical program R version 3.6.1 (R Foundation for Statistical Computing, Vienna, Austria; http://www.r-project.org).

Bilateral statistical tests were applied, establishing statistical significance at 0.05.

A descriptive analysis of the variables related to the sociodemographic and employment characteristics of the study participants was carried out. To describe the categorical variables, absolute frequency (n) and percentage (%) were used, and due to the non-normal distribution of the variables, nonparametric tests were used.

To explore the differences in OBQ-E scores between participants with different characteristics, the U-Mann–Whitney or Kruskal–Wallis test was applied, depending on whether they were qualitative explanatory variables of two or more groups, respectively. To explore the possible relationship between sociodemographic and employment variables and OBQ-E score, multivariate linear regression models were performed stating the OBQ-E summed score as the outcome variable. The sociodemographic and employment variables that achieved statistical significance in the univariate analysis were chosen as predictor variables.

### Ethical considerations

The present study was approved by the Ethics Committee for Research with Medicines of Consorci Sanitari de Terrassa (code: 02-18-399-020). Participants must read the information provided in the first section of the online questionnaire and give their consent as a requirement before accessing the questions. The Spanish Organic Law 3/2018, of December 5, on Personal Data Protection and the guarantee of digital rights, as well as current official regulations and the Declaration of Helsinki were complied with.

## Results

The questionnaire was completed by 755 occupational therapists from Spain. Those individuals whose employment status was unemployment, disability, leave of absence or retired were excluded from the present study, with a final sample of 648 participants (85.8%). The majority profile of the participants was female, with a median age of 32 years, having no partner, no children and no dependents (Table 1). Most participants were employed and working as occupational therapists, had more than 6 years of experience and worked between 20 and 40 h per week (Table 2).

The median obtained was 37 points and most of the single items had medians of 3. Two items had medians of 4: '*The activities I do in my daily life make sense to me*') and; '*If I think about a normal week I have enough things to do*' and three had medians of 2:'*I have balance between things I do for others and things I do for myself*'; '*I maintain balance between physical, social, intellectual and rest activities*') and '*I have balance between activities that give energy and activities that take energy away*'.

**Table 1.** Demographic characteristics of the study participants ($n = 648$).

| | |
|---|---|
| **Age** | |
| Years, median (IQR) | 32 (28; 38) |
| **Gender** | |
| Female n (%) | 599 (92.4) |
| Male n (%) | 49 (7.6) |
| **Marital status** | |
| Without partner n (%) | 355 (54.8) |
| Married or living with partner n (%) | 275 (42.4) |
| Separated, divorced, or widowed n (%) | 18 (2.8) |
| **Children (at home)** | |
| Yes n (%) | 216 (33.3) |
| No n (%) | 432 (66.7) |
| **Dependent family members** | |
| Yes n (%) | 41 (6.3) |
| No n (%) | 607 (93.7) |

IQR: interquartile range.

The highest medians were observed for those participants who were employed as occupational therapists and working as such, along with those who were neither employed as occupational therapists nor working as such; those who were employed between 20 and 40 hours; and those working with adult population. In contrast, the lowest medians were observed in occupational therapists who were not employed as such but did perform functions of the profession, those who worked more than 40 hours per week, and those who deal with the field of childhood (Table 2). No statistically significant differences were found in the rest of the variables.

Linear regression models adjusted for weekly working hours, population attended, and type of contract showed the following results: Adjusting for the effect of weekly working hours and the population attended, the type of contract was significantly associated with the OBQ-E score ($p < 0.05$), Table 3. Occupational therapists who were not employed as occupational therapists but did work as such had on average 9.2 points (95%CI: −14.3; −4.1) less on OBQ-E than those who worked as occupational therapists and were employed as such. Moreover, those participants who were employed as occupational therapists but did not work as such had on average 6.2 points (95%CI: −11.5; −0.9) less than their peers who worked and were employed as such.

Considering the effect of contract type and the population attended, weekly working hours were significantly associated with the OBQ-E score ($p < 0.05$).

**Table 2.** Occupational balance in relation to employment characteristics of the study participants ($n = 648$).

| Item | | Frequency n (%) | OBQ-E Median (IQR) | *p* value |
|---|---|---|---|---|
| **Hired as occupational therapist** | Yes, and I work as such | 579 (89.3) | 37 (28.0; 45.5) | **<0.001**[a] |
| | Yes, but I don't work as such | 23 (3.5) | 33 (20.0; 41.5) | |
| | No, but I work as such | 25 (3.9) | 29 (25.0; 33.0) | |
| | No, I don't work as such | 21 (3.2) | 42 (29.0; 52.0) | |
| **Years of experience** | >6 | 364 (56.2) | 37 (28.7; 46.0) | 0.073[a] |
| | 4–6 | 101 (15.6) | 38 (30.0; 45.0) | |
| | 1–3 | 138 (21.3) | 35 (24.2; 45.0) | |
| | <1 | 45 (6.9) | 34 (23.0; 41.0) | |
| **Type of contract** | Self-employed (vs not) | 67 (10.4) | 39 (29.5; 44.0) | 0.591[b] |
| | Public worker (vs not) | 113 (17.5) | 37 (28.0; 45.0) | 0.962[b] |
| | Hired hand (vs not) | 489 (75.6) | 36 (27.0; 45.0) | 0.727[b] |
| | Other (vs not) | 2 (0,3) | | |
| **No. employers** | >3 | 19 (2.9) | 35 (26.0; 42.0) | |
| | 3 | 25 (3.9) | 34 (25.0; 41.5) | |
| | 2 | 142 (21.9) | 35 (25.0; 43.0) | |
| | 1 | 462 (71.3) | 37 (29.0; 46.0) | 0.104[a] |
| **Working hours/week** | >40 | 101 (15.6) | 30 (21.0; 39.0) | **<0.001**[a] |
| | 21–40 | 478 (73.8) | 38 (29.0; 45.0) | |
| | 10–20 | 57 (8,8) | 36 (29.0; 47.0) | |
| | <10 | 12 (1.8) | 37 (32.5; 41.2) | |
| **Type of working day** | Full-time (vs not) | 380 (58.6) | 36 (26.0; 45.0) | 0.08[b] |
| | Part-time (vs not) | 209 (32.2) | 37 (28.0; 45.0) | |
| | Flexible (vs not) | 59 (9.1) | 41 (32.0; 48.5) | |
| **Work field** | Counselling (vs not) | 31 (4.8) | 35.0 (23.0; 42.5) | 0.206[b] |
| | Health (vs not) | 198 (30.6) | 39.0 (26.0; 45.0) | 0.093[b] |
| | Leisure (vs not) | 8 (1.2) | 36.5 (32.7; 43.0) | 0.692[b] |
| | Research (vs not) | 29 (4.5) | 40.0 (25.0; 49.0) | 0.809[b] |
| | Risk prevention (vs not) | 9 (1.4) | 33.0 (29.0; 40.0) | 0.767[b] |
| | Social healthcare (vs not) | 323 (49.8) | 37.0 (26.0; 45.0) | 0.952[b] |
| | Socio-Community (vs not) | 11 (17.6) | 37.0 (27.0; 45.0) | 0.409[b] |
| | Teaching (vs not) | 83 (12.8) | 36.5 (28.0; 44.0) | 0.779[b] |
| **Domain** | Healthy population (vs not) | 37 (6.4) | 36 (22.0; 44.0) | 0.670[b] |
| | Intellectual disability (vs not) | 169 (29.1) | 37 (27.0; 45.0) | 0.480[b] |
| | Mental health (vs not) | 353 (60.9) | 37 (28.0; 45.0) | 0.353[b] |
| | Risk and social exclusion (vs not) | 67 (11.5) | 37 (27.5; 45.0) | 0.859[b] |
| | Physical disability (vs not) | 369 (63.6) | 36 (27; 44) | 0.033[b] |
| **Population attended** | Adolescents (vs not) | 137 (33.4) | 36 (28.0; 42.0) | 0.189[b] |
| | Adults Yes | 366 (59.8) | 39 (28.0; 47.0) | **0.004**[b] |
| | No | | 35 (26.0; 44.0) | |
| | Children Yes | 178 (29.1) | 35 (26.2; 41.7) | **0.007**[b] |
| | No | | 38 (28.0; 47.0) | |
| | Older adults (>65 years) | 344 (56.2) | 36 (26; 45) | 0.513[b] |
| **Tasks** | Assistance care | 585 (90.3) | 37 (28.0; 45.0) | 0.823[b] |
| | Management | 264 (40.7) | 35 (26.0; 45.0) | 0.216[b] |
| | Teacher and researcher | 128 (19.7) | 37 (28.0; 45.7) | 0.515[b] |
| **Working with other professionals** | Yes | 620 (95.7) | 37 (27.7; 45.0) | 0.203[b] |
| **Teamwork** | Yes | 591 (92.2) | 37 (27; 45) | 0.405[b] |

OBQ-E: Spanish version of the Occupational Balance Questionnaire; IQR: interquartile range.
[a]*p* value obtained from Kruskal Wallis test;
[b]*p* value obtained from U-Mann Whitney test.
**Bold:** significant results.

**Table 3.** Determinants of Overall Scores on the OBQ-E in Spanish Occupational Therapists.

| Item | | β (95%CI) | *p* value |
|---|---|---|---|
| **Employed as occupational therapist** | Yes, and I work as such | Ref. | |
| | Yes, but I do not work as such | −6.2 (−11.5; −0.9) | **0.021** |
| | No, but I work as such | −9.2 (−14.3; −4.1) | **<0.001** |
| | No, I do not work as such | 5 (−0.8; 10.8) | 0.092 |
| **Working hours/week** | >40 | −7(−11.1; −2.8) | **<0.001** |
| | 20–40 | −1.5(−5; 2) | 0.415 |
| | 10–20 | Ref. | |
| | <10 | −2. 9 (−11; 5.1) | 0.472 |
| **Population** | Children | −2.8 (−5; −0.6) | **0.011** |
| | Adults | 2.7 (0.7; 4.7) | **0.009** |

OBQ-E: Spanish version of the Occupational Balance Questionnaire; β: beta coefficient of multivariate linear regression model.
**Bold:** significant results.

Those working more than 40 hours scored on average 7 points (95%CI: −11.1 to −2.8) lower than those working between 10 and 20 hours per week.

Adjusting for the effect of contract type and weekly working hours, the population attended is significantly associated with the OBQ-E score ($p < 0.05$).

Thus, occupational therapists working with children had on average 2.8 points (95%CI: −5 to −0.6) less than those working with other populations, and those working with adult populations had on average 2.7 points (95%CI: 0.7 to 4.7) more than those working with other populations.

## Discussion

This cross-sectional study was designed to identify the OB status of occupational therapists residing in Spain and to explore the work-related factors associated with it., Spain

According to the score obtained in the OBQ-E [27], occupational therapists working in Spain presented moderate OB, although varying between participants with different characteristics. The professionals who reported lower OB levels were those who were not recognized as occupational therapists in their work, as well as those who worked more than 40 h per week and those who attended to a child population.

In previous OB studies conducted in Sweden with adults [3,22,28], the median OBQ score has been above 40. One of them included a subsample of 62 occupational therapists who scored slightly lower, (not statistically significant: median = 41; IQR = 36; 45) [22]. However, a later study identified low occupational balance (median 13, mean = 14.1 ± 7) and high work load in their participating Swedish occupational therapists [23] using the revised version OBQ11 which ranges 0–33 [29]. In the Spanish context, there are few previous studies on the level of OBQ that allow for comparisons. One recent study [30] investigated occupational balance in relation to the pandemic in young adults showing medians of 45 (women) and 46 (male) which is higher than in the present study. In relation to occupational therapy, two studies [2,31] described the OBQ of Spanish occupational therapy students. One of them [2] presented a median OBQ-E of 43.6 (IQR = 39; 49), and the other [31] an average of 38.7. However, students' OB is poorly comparable with the professionals' OB because their context is different.

The item 'the activities I do in my daily life are meaningful to me' was one of the best scored, coinciding with previous studies [22,27]. Occupational therapy focuses on the promotion of meaningful activities that aim to be a key element in the concept of life balance, which influences health and well-being [32,33]. Thus, a positive aspect of this result is that if occupational therapists can perceive their activities as meaningful, they can act as models and influence during their interventions [2,17,18].

Among the lowest scored item was 'I have balance between the things I do for others and the things I do for myself'. This finding coincides with the study by Wagman et al. [22] where the score obtained from occupational therapists was statistically lower than the rest of the professionals from the sample. A previous study found that the role of caring for children or having dependents correlates with higher work absorption, and lower burnout. The authors argued that success in a role that enhances social networks and enriches experiences may mitigate the fewer rewarding effects of other roles [34]. On the other hand, related to gender, women are more disposed to take sick leave than men because they face double working hours, as they become responsible for domestic work [35,36]. However, in the present study, the majority profile corresponds to young women without a partner, children, or dependents, so the findings in this item would not be explained by the above. A future qualitative study could help to understand this phenomenon.

Working conditions and their impact on the health and well-being of occupational therapists have been extensively studied [34,37–39] and, in turn, point to an effect on occupational balance. In our study, it was found that working with adults had a positive association to OB, while a lack of job recognition, excessive weekly hours, and working with children had a negative.

Regarding job recognition, Spanish occupational therapists whose work performance is not recognized as such (either because they are not hired as occupational therapists or because they do not perform the functions of the discipline) scored lower on the OBQ-E than those occupational therapists who are hired and practice as such. Job recognition stands out as one of the factors that facilitate the achievement of goals and stimulates professional development, thus favouring occupational well-being [38,39]. Scanlan et al. [34] found, in their study on the job well-being of occupational therapists working in the mental health field, that reward at work in the form of recognition and prestige was related to job satisfaction, a significant component of job well-being. Well-being at work is an element that contributes to a good work-life balance [34], a term linked to OB [1]. This situation could explain the lower perception of OB by the group of participants in this study who were not formally recognized in their professional work.

Concerning working hours, those who worked more than 40 h per week scored lower on the OBQ-E. Excessive working hours is an indicator of a high risk for burnout [39] and lower work engagement and disengagement [34]. Matilla-Santander et al. [37], in a study with 13683 European workers, found that excessive working hours was one of the most prevalent reasons for job dissatisfaction, which contributes to a work-life imbalance as it precludes dedicating time to personal life.

Relative to the population attended, the OB of Spanish occupational therapists working with children appears to be more compromised than their peers serving other populations. Reis et al. [40] argued that there is an added pressure for working with children who present or may present developmental and disability problems, because professionals require specialized practices and are subject to specific standards, professional competencies, and ethical connotations to care for this population. In addition, the burnout of health professionals who work with children may be related to the inherent complexities in the relationships with families [41], other professionals and schoolteachers.

### *Methodological considerations*

The present study has certain limitations. The cross-sectional nature of this study prevents assessing the changing nature of OB and establishing cause-effect relationships between variables. Moreover, because of the interruption of the study due to SARS-Cov pandemic, the final study sample size was 648 instead of 761. On the other hand, this sample size is still enough estimate with $a \pm 0.55$ points precision. Finally, convenience sampling could lead to the participation of those people who are more sensitive to the topic.

It should be mentioned that the population of occupational therapists participating in the study is quite young (mean age of 32 years). However, it should be clarified that occupational therapy is a relatively young profession in Spain and more than 55% of these professionals are under 35 years of age [42].

This is the first study that provides data on the OB of Spanish occupational therapists, which represents an initial step in assessing their labour and personal satisfaction and perceived state of health. It could contribute to undertaking strategies that promote the occupational therapists' well-being and would support a 'mirror' model in which an optimal OB of these professionals can facilitate interventions addressed to their clients.

Future research could be addressed to analyse the OB of occupational therapists in other countries, other health professionals and the general population and its relationship with job satisfaction, well-being, and health. It would allow for exploring which cultural and political elements contribute to OB in different populations.

## Conclusions

The Spanish occupational therapists' OB was moderate. Working with adults seems to have a positive influence on OB; on the other hand, a lack of professional recognition, excessive weekly working hours, and working in the field of childhood have a negative impact on OB. Paying attention to these aspects would help in individual and organisational decision making to prevent possible effects on the health of occupational therapists. We hope that the methodology and findings of the present study can help as a basis for replication in other countries using a prospective study design.

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## Ethical approval

Ethics Committee for Research with Medicines of the Consorci Sanitari de Terrassa (code: 02-18-399-020).

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## ORCID

Loreto González-Román http://orcid.org/0000-0002-5916-9121
Paula Peral-Gómez http://orcid.org/0000-0002-0390-0894
Jessica Garrido-Pedrosa http://orcid.org/0000-0002-2550-7727

Inmaculada Zango-Martín http://orcid.org/0000-0003-0355-7261
Petra Wagman http://orcid.org/0000-0002-7964-7143
Alicia Sánchez-Pérez http://orcid.org/0000-0001-9444-8516

## References

[1] Wagman P, Håkansson C, Björklund A. Occupational balance as used in occupational therapy: a concept analysis. Scand J Occup Ther. 2012;19(4):322–327.
[2] Peral Gómez P. Equilibrio Ocupacional en Estudiantes de Terapia Ocupacional. [Occupational Balance in Occupational Therapy Students]: Universidad Miguel Hernández de Elche. 2017.
[3] Wagman P, Håkansson C. Exploring occupational balance in adults in Sweden. Scand J Occup Ther. 2014;21(6):415–420.
[4] Wilcock A, Chelin M, Hall M, et al. The relationship between occupational balance and health: a pilot study. Occup Ther Int. 1997;4(1):17–30.
[5] Bejerholm U. Occupational balance in people with schizophrenia. Occup Ther Ment Health. 2010;26(1):1–17.
[6] Eklund M, Argentzell E. Perception of occupational balance by people with mental illness: a new methodology. Scand J Occup Ther. 2016;23(4):304–313.
[7] Johansson G, Eklund M, Erlandsson LK. Everyday hassles and uplifts among women on long-term sick-leave due to stress-related disorders. Scand J Occup Ther. 2012;19(3):239–248.
[8] Wagman P, Hjärthag F, Håkansson C, et al. Factors associated with higher occupational balance in people with anxiety and/or depression who require occupational therapy treatment. Scand J Occup Ther. 2021;28(6):426–432.
[9] Wagman P, Ahlstrand I, Björk M, et al. Occupational balance and its association with life satisfaction in men and women with rheumatoid arthritis. Musculoscel Care. 2020;18:1897–1194.
[10] Kassberg A-C, Nyman A, Larsson Lund M. Perceived occupational balance in people with stroke. Disabil Rehabil. 2021;43(4):553–558.
[11] Forhan M, Backman CL. Exploring occupational balance in adults with rheumatoid arthritis. OTJR: Occupation, Participation and Health. 2010;30(3):133–141.
[12] Borgh M, Eek F, Wagman P, et al. Organisational factors and occupational balance in working parents in Sweden. Scand J Public Health. 2018;46(3):409–416.
[13] Håkansson C, Milevi S, Eek F, et al. Occupational balance, work and life satisfaction in working cohabiting parents in Sweden. Scand J Public Health. 2019;47(3):366–374.
[14] Hodgetts S, McConnell D, Zwaigenbaum L, et al. The impact of autism services on mothers' occupational balance and participation. OTJR (Thorofare N J). 2014;34(2):81–92.
[15] Günal A, Pekçetin S, Wagman P, et al. Occupational balance and quality of life in mothers of children with cerebral palsy. Br J Occup Ther. 2022;85(1):37–43.
[16] Yazdani F, Roberts D, Yazdani N, et al. Occupational balance: a study of the sociocultural perspective of iranian occupational therapists. Can J Occup Ther. 2016;83(1):53–62.
[17] Bírá É, Ádány R, Kása K. Mental health and behaviour of students of public health and their correlation with social support: a cross-sectional study. BMC Pub Health. 2011;11(1):871.
[18] Carrier A, Levasseur M, Bédard D, et al. Community occupational therapists' clinical reasoning: identifying tacit knowledge. Aust Occup Ther J. 2010;57(6):356–365.
[19] Gupta S, Paterson ML, Lysaght RM, et al. Experiences of burnout and coping strategies utilized by occupational therapists. Can J Occup Ther. 2012;79(2):86–95.
[20] Pfeifer TA, Kranz PL, Scoggin AE. Perceived stress in occupational therapy students. Occup Ther Int. 2008;15(4):221–231.
[21] Yazdani F, Harb A, Rassafiani M, et al. Occupational therapists' perceptions of the concept of occupational balance. Scand J Occup Ther. 2018;25(4):288–297.
[22] Wagman P, Lindmark U, Rolander B, et al. Occupational balance in health professionals in Sweden. Scand J Occup Ther. 2017;24(1):18–23.
[23] Lexén A, Kåhlin I, Erlandsson L-K, et al. Occupational health among swedish occupational therapists: a cross-sectional study. IJERPH. 2020;17(10):3379.
[24] Håkansson C, Lexén A. The combination of psychosocial working conditions, occupational balance and sociodemographic characteristics and their associations with no or negligible stress symptoms among swedish occupational therapists – a cross-sectional study. BMC Health Services Research. 2021;21(1):7.
[25] Wilson L, Wilcock AA. Occupational balance: what tips the scales for new students? Br J Occup Ther. 2005;68(7):319–323.
[26] Instituto Nacional de Estadística. Profesionales sanitarios colegiados por sexo. Series desde 1952. Terapeutas ocupacionales colegiados por año y sexo. [Registered health professionals by sex. Series since 1952. Registered occupational therapists by year and sex]. https://www.ine.es/jaxi/Datos.htm?path=/t15/p416/serie/l0/&file=s14001.px#. !tabs-tabla 2019.
[27] Peral-Gómez P, López-Roig S, Pastor-Mira M, et al. Cultural adaptation and psychometric properties of the Spanish version of the occupational balance questionnaire: an instrument for occupation-based research. Int J Environ Res Pub Health. 2021;18:1–12.
[28] Wagman P, Håkansson C. Introducing the occupational balance questionnaire (OBQ). Scand J Occup Ther. 2014;21(3):227–231.
[29] Håkansson C, Wagman P, Hagell P. Construct validity of a revised version of the occupational balance

questionnaire. Scand J Occup Ther. 2020;27(6):441–449.
[30] Rodríguez-Fernández P, González-Santos J, Santamaría-Peláez M, et al. Exploring the occupational balance of young adults during social distancing measures in the COVID-19 pandemic. Int J Environ Res Pub Health. 2021;18(11):5809.
[31] Romero-Tébar A, Rodríguez-Hernández M, Segura-Fragoso A, et al. Analysis of occupational balance and its relation to problematic internet use in university occupational therapy students. Healthcare. 2021;9(2):197.
[32] Eakman A. The meaningful activity wants and needs assessment: a perspective on life balance. J Occup Sci. 2015;22(2):210–227.
[33] Guillaumon ML. Trabalho e qualidade de vida dos terapeutas ocupacionais: estudo de uma amostra brasileira. [Work and quality of life of occupational therapists: study of a Brazilian sample]. Cad Ter Ocup Da UFSCar. 2012;20:55–63.
[34] Scanlan JN, Meredith P, Poulsen AA. Enhancing retention of occupational therapists working in mental health: relationships between wellbeing at work and turnover intention. Aust Occup Ther J. 2013;60(6):395–403.
[35] Estevan Reina L, Rodríguez Sánchez R, Romero González B, et al. Doble presencia: Un riesgo psicosocial que evidencia la desigualdad entre hombres y mujeres en la conciliación de la vida familiar y laboral. [Double presence: a psychosocial risk that highlights the inequality between men and women in the reconciliation of work and family life]. Reidocrea. 2014;3:172–179.
[36] Ministerio de Inclusión. Seguridad Social y Migraciones. INSS Contingencias comunes. Datos por sexo. [INSS Common Contingencies. Data by sex]. 2021.
[37] Matilla-Santander N, Lidón-Moyano C, González-Marrón A, et al. Attitudes toward working conditions: are European Union workers satisfied with their working hours and work-life balance? Gaceta Sanit. 2019;33:162–168.
[38] Schaufeli WB. Applying the job demands-resources model: a 'how to' guide to measuring and tackling work engagement and burnout. Organizational Dynamics. 2017;46(2):120–132.
[39] Bruschini M, Carli A, Burla F. Burnout and work-related stress in Italian rehabilitation professionals: a comparison of physiotherapists, speech therapists and occupational therapists. Work. 2018;59(1):121–129.
[40] Reis HIS, Vale C, Camacho C, et al. Burnout among occupational therapists in Portugal: a study of specific factors. Occup Ther Health Care. 2018;32(3):275–289.
[41] Buckley L, Berta W, Cleverley K, et al. What is known about paediatric nurse burnout: a scoping review. Hum Resour Health. 2020;18(1):9–23.
[42] Instituto Nacional de Estadística. Resultados por comunidad autónoma y provincia de colegiación. Distribución del n° de Terapeutas Ocupacionales por Comunidades y Ciudades autónomas de colegiación, edad y sexo. [Results by autonomous community and province of affiliation. Distribution of the number of Occupational Therapists by Autonomous Communities and Cities of registration, age and sex]. https://www.ine.es/jaxiT3/Datos.htm?tpx=53333.