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Research Paper

The Relationship Between Quality of Work Life, Job Satisfaction and Burnout in Iranian Occupational Therapists

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ABSTRACT

Background and Objectives: Quality of work life (QWL), job satisfaction, and burnout are key factors affecting the professional health of occupational therapists. This study aimed to explore these relationships and the impact of demographic variables on these factors among Iranian occupational therapists.

Methods: This cross-sectional analytical study was conducted with 381 Iranian occupational therapists. Data were collected using standard questionnaires and analyzed using Pearson's correlation tests and multiple linear regression analysis.

Results: The Mean±SD scores for QWL were 1.79±1.12; for job satisfaction, 1.7±0.2; and for burnout, 0.24±0.7. Income had a positive and significant relationship with the QWL (β=0.143, P=0.024), career satisfaction (β=0.143, P=0.024), control at work (CAW) (β=0.157, P=0.013), and working conditions (WCS) (β=0.147, P=0.021). Gender was significantly related to job stress (β=0.125, P=0.033) and depersonalization (β=0.259, P<0.001). Increased age was associated with lower intrinsic (β=-0.292, P=0.018) and extrinsic satisfaction (β=-0.261, P=0.038). Other demographic factors, such as education level and marital status, did not significantly affect these indicators.

Conclusion: The results suggest that demographic variables, particularly income and gender, significantly predict the QWL and related indicators. Gender-specific support policies and income increases can enhance job satisfaction and reduce burnout among occupational therapists.
Keywords: Quality of work life (QWL), Job satisfaction, Burnout, Occupational therapy, Iran

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What is "already known" in this topic:

Previously, research had only examined the relationships between variables like quality of work life, job satisfaction, and burnout on a pairwise level. This study, in contrast, investigates the interconnections among all three variables together. This research investigates the impact of factors including gender, age, income, and workplace sector (public or private) on these dynamics. By centering on occupational therapists in Iran, it aims to address gaps in existing literature and offer practical recommendations for enhancing Quality of Work Life (QWL) and alleviating burnout in this essential profession.

What this article adds:

This research investigated the interconnections among work-life quality, job satisfaction, and job burnout. Findings indicate that higher work-life quality correlates positively with job satisfaction and inversely with job burnout. Demographic variables like income and gender exert a notable influence on work-life quality and burnout, whereas other factors play a lesser role. Education level emerged as a critical determinant of intrinsic job satisfaction, with individuals possessing higher education reporting increased satisfaction and enhanced coping skills. These outcomes are consistent with earlier research, which demonstrates that advanced education strengthens professional abilities and career opportunities, ultimately boosting job satisfaction. The study emphasizes the value of creating supportive work settings and expanding educational access. Ultimately, prioritizing investments in education and professional growth can elevate work-life quality and job satisfaction, yielding benefits for employees and improving patient care outcomes.

Introduction

The term "quality of life" (QoL) is widely used to evaluate the emotional well-being and overall welfare of individuals and communities across various domains, including health, politics, and international development [1]. QoL should not be confused with the "standard of living" concept, which predominantly focuses on economic indicators, such as income. QoL encompasses broader dimensions, including environmental conditions, physical and mental health, education, recreation, leisure, and social belonging [2].

An essential aspect of QoL is "quality of work life" (QWL), which evaluates individuals' workplace experiences and conditions and their impact on personal and social life [3]. QWL is an organizational culture or management style in which employees experience a sense of ownership, autonomy, responsibility, and self-esteem. It is influenced by formal and informal structures, individual characteristics, and organizational leadership [4]. QWL profoundly impacts satisfaction, motivation, mental health, and employee participation in decision-making [5]. Changes in any QWL dimension can immediately and significantly alter work processes, job satisfaction, and employee performance [6].

Job satisfaction is crucial to employee well-being, work commitment, and organizational success. In high-stress professions, such as healthcare, job satisfaction becomes even more critical because it directly affects the quality of care provided to clients. However, many healthcare professionals, including occupational therapists, face significant challenges that can negatively impact job satisfaction, such as heavy workloads, emotional demands, and limited resources. These factors contribute to burnout, a prevalent issue among health professionals [7].

Research has shown that low QWL is associated with adverse outcomes, such as job turnover, in high-stress professions, such as nursing and occupational therapy [8]. For instance, a study in Taiwanese hospitals found higher job turnover rates among nurses with lower QWL [9]. Additionally, workplaces characterized by a closed organizational climate and limited employee involvement in decision-making exhibit higher levels of stress and burnout [10].

However, there is limited consensus regarding the precise definition of QWL. Broadly, the concept is divided into two categories: First, as a set of outcomes for employees, including job satisfaction, growth opportunities, psychological well-being, job security, and interpersonal relationships [11], and second, as a collection of organizational functions, such as participatory management, job enrichment, and the establishment of safe and secure working conditions (WCS) [12]. Improving QWL as a human resource management strategy can help prevent burnout and enhance organizational productivity [13].

Work-related QoL (WRQoL) is directly associated with individuals' work experiences and environmental conditions, influencing job satisfaction, engagement, happiness, and anxiety reduction. Factors that enhance QWL include adequate compensation, fair remuneration, a healthy work environment, professional development opportunities, and social support [14]. Conversely, a decline in QWL can result in diminished job satisfaction and an increased risk of physical and mental health issues [15].

Existing research highlights a strong relationship between QWL, job satisfaction, and burnout among healthcare professionals. However, few studies have specifically examined these relationships in occupational therapists despite their critical role in healthcare [16]. Occupational therapists work directly with clients to improve their physical and mental well-being, making them particularly vulnerable to stress and burnout due to the profession's demanding nature. Examining the relationship between QWL, job satisfaction, and burnout in occupational therapists is crucial because these factors directly impact employees' health and QoL and the quality of therapeutic services provided [17]. Job satisfaction, defined as employees' sense of fulfillment and comfort in their work, is influenced by factors, such as promotion opportunities, wages, benefits, job security, and workplace relationships. It can reduce absenteeism, minimize errors, and increase productivity [18].

In occupational therapy, which involves direct interaction with clients to improve their physical and mental well-being, QWL holds even greater importance [19, 20]. In Iran, where the occupational therapy profession has been growing since its establishment in 1971, over 3000 graduates now serve the country's healthcare system [14]. Despite this growth, the unique challenges faced by Iranian occupational therapists remain underexplored. Investigating these challenges is essential for identifying effective strategies to enhance QWL and job satisfaction while mitigating burnout. Studies have suggested that burnout among occupational therapists can decrease job satisfaction and increase turnover. Burnout is a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment resulting from chronic occupational stress [21].

Burnout reflects severe emotional fatigue from prolonged work engagement and commitment and frequent interactions with people. It manifests as exhaustion, helplessness, diminished motivation, and reluctance toward one's job [22]. Poor QWL leads to chronic, recurring occupational stress, ultimately resulting in burnout [23]. This is particularly evident in high-stress workplaces, such as healthcare centers, where occupational therapists are prone to burnout due to heavy responsibilities and emotional pressures [24].

Given the critical role of occupational therapists in enhancing clients' QoL and the need to address the stressors specific to this profession, this study aimed to explore the relationships between QWL, job satisfaction, and burnout among Iranian occupational therapists. Additionally, this study examines how factors, such as gender, age, income, and workplace type (public or private) influence these relationships. Focusing on Iranian occupational therapists, this study seeks to bridge gaps in the literature and provide actionable insights for improving QWL and reducing burnout in this vital profession.

Materials and Methods

Study design

This descriptive-analytical, cross-sectional study evaluated the relationship between QWL, job satisfaction, and burnout among occupational therapists in Iran.

Participants

The participants of this study were licensed occupational therapists practicing in various settings across Iran, including hospitals, clinics, and rehabilitation centers. Participants were selected using a convenience sampling method. The inclusion criteria included participants aged between 22 and 63 years, having at least one year of work experience as an occupational therapist, and working a minimum of 24 hours per week. Additionally, they were required to have a valid medical system registration code to verify their professional status. Individuals who failed to complete the study questionnaires fully or withdrew during the study period were excluded from the analysis.

Sample size

The study population was comprised of approximately 1400 occupational therapists. The sample size was calculated using Cochran's formula (Equation 1) to ensure sufficient statistical power for analysis. The Equation 1 is expressed as follows:

1.
$$n = \frac{\frac{z^2 pq}{d^2}}{1 + \frac{1}{n}\left[\frac{z^2 pq}{d^2} - 1\right]}$$

Accounts for the population size (N), desired confidence level (z), estimated proportion of the population with the desired characteristic (p), its complement (q=1−p), and margin of error (d). Based on this calculation, the required sample size was 381 participants.

Data collection and analysis

Data were collected across various occupational therapy work environments, including hospitals, clinics, rehabilitation centers, and treatment facilities. Two approaches were employed for data collection: Library-based and field-based. Library-based methods involve reviewing books, articles, theses, and online databases for theoretical and background information. Field-based methods utilized validated questionnaires distributed manually and electronically (via Google Forms).

Outcome measures

WRQoL scale

The WRQoL scale, developed by Van Laar, is a 24-item Likert-scale instrument designed to measure six key dimensions of WRQoL: General well-being (GWB), home-work interface (HWI), job-career satisfaction (JCS), control at work (CAW), WCS, and stress at work (SAW) [25]. The Persian version of the scale was validated by Shabaninejad et al. demonstrating a test re-test reliability coefficient of 0.95 and Cronbach's α of 0.78 [26].

Minnesota satisfaction questionnaire (MSQ)

The MSQ uses a 20-item Likert scale to assess job satisfaction. It evaluates three primary aspects of job satisfaction: General, intrinsic, and extrinsic [27]. Intrinsic satisfaction refers to gratification derived from the nature of the job itself, including factors, such as skill use, autonomy, and task variety. Extrinsic satisfaction, on the other hand, pertains to external job-related factors, such as salary, job security, and workplace policies. The Persian version of the MSQ has a reliability coefficient of 0.82, indicating high consistency [28].

Maslach burnout inventory (MBI)

The MBI is a 22-item Likert-scale questionnaire that measures burnout across three dimensions: Emotional exhaustion, depersonalization, and personal accomplishment [29]. The Persian version of the MBI demonstrated excellent reliability, with a Cronbach's α of 0.93 and factor loadings ranging from 0.71 to 0.80 [30].

Statically analysis

The Kolmogorov-Smirnov test was used to assess the normality of the distribution of variables. If the P value was greater than 0.05, the null hypothesis of normality was not rejected. In addition, graphical methods, including P-P and Q-Q plots, were used to validate the normality assumption. Descriptive statistics were computed for the demographic and outcome variables, including means, standard deviations, frequencies, and percentages. Pearson correlation coefficients were calculated to examine the relationships between variables. Multiple linear regression analyses were conducted to identify the predictors of key outcomes, using demographic characteristics as independent variables. All analyses were performed using SPSS software, version 26, with significance at $P<0.05$.

Results

In this study, the Kolmogorov-Smirnov test and graphical methods confirmed the normal distribution of all variables. The Mean±SD age of participants was 31.1±7.3 years, and their mean work experience was 7.2±6.5. The average monthly income was 28.2±24.4 million Tomans.

Demographic characteristics

Table 1 presents the demographic characteristics. The participants were predominantly female and had varying education and work settings. The occupational therapists were distributed across a range of fields and provinces.

Descriptive statistics and normality

Table 2 presents descriptive statistics and normality test results for the key variables. All variables demonstrated a normal distribution, as indicated by $P>0.05$, in the Kolmogorov-Smirnov test, supported by graphical analyses.

Correlation analysis

Table 3 presents the relationships between the WRQoL, job satisfaction, and burnout subscales. Significant correlations were observed among these variables, indicating their interconnectedness.

Multiple linear regression analysis

Table 4 presents the multiple linear regression analysis results, identifying the predictors of WRQoL, job satisfaction, and burnout. Income, age, sex, education level, and work setting emerged as significant predictors of various outcomes.

Discussion

This study explored the relationships between WRQoL, job satisfaction, and burnout among occupational therapists in Iran. The results revealed significant associations between these factors, underscoring the importance of improving WRQoL to enhance job satisfaction and reduce burnout.

WRQoL among occupational therapists

This study found that several dimensions of WRQoL, such as GWB, JCS, and WCS, were significantly related to job satisfaction. Occupational therapists who reported better WRQoL, characterized by favorable work conditions, mental health, and work-life balance, also expressed higher job satisfaction. This supports a growing body of research demonstrating that improving WRQoL can directly influence job satisfaction. Hasson and Arnetz reported that supportive work environments in healthcare, characterized by respect and empathy, contribute to greater job satisfaction and enhanced workplace effectiveness [31].

GWB, which includes physical and mental health, work-life balance, and stress management, has emerged as a key factor. Dall'Ora et al. showed that work-life balance and stress management are crucial to improve job satisfaction among healthcare professionals, including nurses [32]. In particular, occupational therapists benefit from initiatives like flexible work schedules, psychological support, and health programs, which help prevent burnout and sustain job satisfaction in high-stress environments, such as healthcare.

Job satisfaction

Job satisfaction among occupational therapists was significantly influenced by job career satisfaction and favorable working conditions. Occupational therapists who perceived opportunities for career growth and manageable working conditions reported higher job satisfaction. This aligns with Bartram et al., who identified career advancement as a major contributor to job satisfaction, particularly in fields that require continuous professional development, such as occupational therapy [33]. Furthermore, Herzberg's two-factor theory empha-

Table 1. Demographic characteristics of participants

Variables		No. (%)
Gender	Female	195(51.2)
	Male	181(47.5)
Education level	Bachelor's	219(57.5)
	Master's	122(32.0)
	PhD	37(9.7)
Marital status	Married	177(46.5)
	Single	201(52.8)
Work setting	Public	96(25.2)
	Private	184(48.3)
	Both of the settings	93(24.4)
Work field	Physical	98(25.7)
	Mental	73(19.2)
	Psychiatry	41(10.8)
	Physical and mental	87(22.8)
	Physical and psychiatry	39(10.2)
	Mental and psychiatry	24(6.3)
	All of the fields	13(3.4)

Variables		No. (%)
Province of activity	West Azerbaijan	16(4.2)
	East Azerbaijan	7(1.8)
	Alborz	29(7.6)
	Arak	6(1.6)
	Ardabil	7(1.8)
	Bushhehr	9(2.4)
	Chaharmahal and Bakhtiari	6(1.6)
	Ilam	8(2.1)
	Isfahan	20(5.2)
	Fars	9(2.4)
	Qazvin	7(1.8)
	Gilan	5(1.3)
	Golestan	7(1.8)
	Qom	4(1.0)
	Gorgan	6(1.6)
	Hamedan	5(1.3)
	Hormozgan	6(1.6)
	Kerman	10(2.6)
	Kermanshah	6(1.6)
	South Khorasan	11(2.9)
	Khorasan Razavi	14(3.7)
	North Khorasan	7(1.8)
	Khuzestan	12(3.1)
	Kohgiluyeh and Boyer-Ahmad	7(1.8)
	Kurdistan	5(1.3)
	Lorestan	10(2.6)
	Central	6(1.6)
	Mazandaran	12(3.1)
	Semnan	8(2.1)
	Sistan and Baluchestan	12(3.1)
	Tehran	91(23.9)
	Yazd	4(1.0)
	Zanjan	7(1.8)

Table 2. Descriptive statistics and normality test results for key variables

Variables	Subscale	Mean±SD	Value Probability of Normal Distribution
WRQoL	GWB	20.0±5.0	0.057
	HWI	10.0±3.0	0.111
	JCS	22.0±4.0	0.633
	CAW	12.0±2.1	0.430
	WCS	10.4±2.3	0.105
	SAW	6.3±2.0	0.122
	Overall WRQoL	79.1±12.6	0.085
Job satisfaction	General satisfaction	7.1±2.0	0.177
	Intrinsic satisfaction	44.4±7.0	0.110
	Extrinsic satisfaction	21.0±4.1	0.135
Job burnout	Burnout	24.0±7.0	0.205
	Depersonalization	10.0±4.0	0.063
	Personal achievement	27.3±6.1	0.058

Abbreviations: WRQoL: Work-related quality of life; GWB: General well-being; HWI: Home-work interface; JCS: Job-career satisfaction; CAW: Control at work; WCS: Working conditions; SAW: Stress at work.

Table 3. Pearson correlation coefficients between WRQoL, job satisfaction, and burnout subscales (n=381)

Variables	General Satisfaction	Intrinsic Satisfaction	Extrinsic Satisfaction	Burnout	Depersonalization	Personal Achievement
GWB	0.21***	0.42***	0.50***	-0.52***	-0.26***	0.28***
HWI	0.24***	0.34***	0.44***	-0.40***	-0.29***	0.09
JCS	0.30***	0.50***	0.50***	-0.40***	-0.28***	0.31***
CAW	0.24***	0.43***	0.44***	-0.22***	-0.17**	0.30***
WCS	0.38***	0.50***	0.60***	-0.40***	-0.23***	0.23***
SAW	0.07	0.13*	0.10*	-0.40***	-0.24***	0.29***
Overall WRQoL	0.32***	0.53***	0.60***	-0.53***	-0.33***	0.34***
General satisfaction	-	-	-	-0.25***	-0.17**	0.10*
Intrinsic satisfaction	-	-	-	-0.50***	-0.28***	0.16**
Extrinsic satisfaction	-	-	-	-0.43***	-0.14**	0.07

Abbreviations: GWB: General well-being; HWI: Home-work interface; JCS: Job-career satisfaction; CAW: Control at work; WCS: Working conditions; SAW: Stress at work.

*P<0.05, **P<0.01, ***P<0.001.

Note: All coefficients are Pearson correlation coefficients.

Table 4. Results of multiple linear regression analysis for predicting key outcomes

Dependent Variables	Significant Predictors	B	SE	β	t	P	R^2	Adj. R^2
GWB	Income	0.074	0.033	0.143	2.275	0.024	0.046	0.018
HWI	Income	0.026	0.012	0.139	2.208	0.028	0.040	0.011
JCS	None	-	-	-	-	-	0.022	-0.007
CAW	Income	0.021	0.009	0.143	2.268	0.024	0.044	0.015
WCS	Income	0.013	0.005	0.157	2.507	0.013	0.056	0.028
SAW	Income	0.014	0.006	0.147	2.327	0.021	0.042	0.013
Overall WRQoL	Gender	0.462	0.216	0.125	2.139	0.033	0.034	0.005
General satisfaction	None	-	-	-	-	-	0.031	0.002
Intrinsic satisfaction	Age	-0.269	0.113	-0.292	-2.377	0.018	0.092	0.065
	Income	0.047	0.017	0.174	2.833	0.005		
	Education level	1.876	0.573	0.189	3.277	0.001		
Extrinsic satisfaction	Age	-0.150	0.072	-0.261	-2.084	0.038	0.057	0.029
	Income	0.031	0.011	0.183	2.930	0.004		
Burnout	Gender	-1.720	0.802	-0.125	-2.143	0.033	0.041	0.013
Depersonalization	Income	-0.022	0.009	-0.143	-2.339	0.020	0.100	0.074
	Gender	-1.952	0.425	-0.259	-4.589	<0.001		
	Work setting	0.618	0.289	0.118	2.138	0.033		
Personal achievement	None	-	-	-	-	-	0.039	0.011

Abbreviations: WRQoL: Work-related quality of life; B: Unstandardized regression coefficient; SE: Standard error; β: Standardized regression coefficient; R^2: Coefficient of determination; Adj. R^2: Adjusted R^2; GWB: General well-being; HWI: Home-work interface; JCS: Job-career satisfaction; CAW: Control at work; WCS: Working conditions; SAW: Stress at work.

Note: Only significant predictors (P<0.05) are reported.

sizes that intrinsic motivators, such as personal growth and achievement, are essential for job satisfaction [34]. Thus, career development and professional growth opportunities enhanced satisfaction among occupational therapists.

Additionally, favorable working conditions include manageable workloads, clear role definitions, supportive team dynamics, and enhanced job satisfaction. Pinnastam et al. reported that healthcare professionals with supportive management and clear role definitions report higher job satisfaction [35]. For occupational therapists, access to resources and a collaborative working environment are essential to improve satisfaction.

These results can be interpreted through the self-determination theory, which emphasizes fulfilling basic psychological needs for autonomy, competence, and relatedness to enhance motivation and well-being [36]. WRQoL dimensions, such as career satisfaction and GWB, fulfill these needs. Occupational therapists who experience autonomy and have clear career paths are more likely to be motivated and satisfied. Supportive working conditions foster relatedness by promoting a sense of belonging. Environments that meet these needs significantly improve job satisfaction and employee well-being [37].

WRQoL and burnout

This study also demonstrated a significant inverse relationship between WRQoL and burnout. Higher WRQoL was associated with lower burnout levels among occupational therapists. This result is particularly crucial for healthcare professionals, where burnout is a significant concern. Maslach and Leiter highlighted that improving WRQoL through better workload management, control, and work-life balance can significantly reduce burnout [38]. McNicholas et al. also emphasized that organizational support and resource access are vital in reducing burnout [39]. Moreover, Hobfoll's conservation of resources theory suggests that individuals require sufficient resources, such as social support and job satisfaction, to prevent burnout [40].

An inverse relationship was found between job satisfaction and burnout. Occupational therapists who reported higher job satisfaction were less likely to experience burnout. Gong et al. demonstrated that emotional intelligence, by enhancing psychological resilience, reduces burnout and enhances job satisfaction [41]. Similarly, Mijakoski et al. found that burnout negatively affects job satisfaction, with high job demands leading to burnout and decreased satisfaction [42].

Implications for practice

These results suggest that improving job satisfaction could be a strategy to reduce burnout among occupational therapists. Organizations can reduce burnout by focusing on intrinsic motivators such as career development, recognition of achievements, and fostering a sense of meaningful work. Baixauli et al. found that intrinsic factors, such as personal achievement, are strongly linked to job satisfaction and inversely correlated with burnout. Recognizing achievements and fostering a sense of meaning in work can reduce burnout and emotional exhaustion [43]. Furthermore, Salanova et al. demonstrated a cyclical relationship between job satisfaction and burnout, where enhancing satisfaction reduced burnout and improved overall well-being [44].

Demographic predictors of WRQoL, job satisfaction and burnout

This study found a significant relationship between income and overall WRQoL among occupational therapists, while other demographic factors, such as age, education, and experience, did not show notable relationships. Friedland and Price found that healthcare workers with insufficient salaries reported lower job satisfaction and well-being [45]. Inadequate compensation can lead to job dissatisfaction, higher stress levels, and turnover rates, highlighting the need for appropriate compensation structures in healthcare organizations. Gender was also identified as a significant factor influencing work stress, with women reporting higher stress intensity during certain job events. Spielberger amd Reihiser [46], and Narayanan et al. [47] highlighted gender differences in stress experiences at work, where women face more interpersonal conflicts and work pressure. At the same time, men deal more with high workload demands [46, 47]. This suggests that gender influences work-related stress and should be considered in management strategies [48].

Demographic variables and job satisfaction

The study found that age, education, and experience did not significantly relate to job satisfaction among occupational therapists, suggesting that environmental and organizational factors have a great impact. Yuh and Choi demonstrated that work environment quality and social support are more influential than demographic factors in enhancing job satisfaction [49].

Intrinsic and extrinsic satisfaction

This study revealed that income and education levels significantly influence intrinsic job satisfaction. Higher income and education were associated with higher intrinsic satisfaction, consistent with Linz and Semykina [50] and Čábelková et al. [51], which showed that increased income and education lead to greater job satisfaction [50, 51]. Higher education levels often reflect advanced training and specialization [52], which can lead to greater autonomy, a sense of accomplishment, and enhanced career opportunities, contributing to intrinsic job satisfaction. The impact of age on intrinsic satisfaction was negative, suggesting that older age may be associated with lower satisfaction, possibly due to changes in priorities or expectations.

Income was also identified as a crucial factor in extrinsic job satisfaction, with a higher income contributing to increased satisfaction. Judge et al. found that income directly affects job satisfaction, reinforcing the importance of job security and financial benefits in improving satisfaction [53].

Burnout and demographic variables

Finally, this study found that demographic variables had a minimal impact on occupational burnout, with gen-

der being the only significant factor. Posig and Kickul highlighted that women in high-stress professions may experience higher burnout due to societal expectations and family role pressures [54]. This underscores the importance of considering sex in workplace management strategies to reduce burnout. This study highlights that job satisfaction among occupational therapists is primarily influenced by job characteristics and intrinsic factors rather than demographic variables. Iranian research by Arian et al. demonstrated that work conditions, professional autonomy, and opportunities for career advancement play a more critical role in job satisfaction and burnout reduction than demographic factors, such as age, education, and marital status [55]. To enhance job satisfaction and reduce burnout, organizations in Iran should prioritize improving working conditions, offering competitive compensation, and providing opportunities for professional development. Additionally, gender-responsive policies, such as parental leave, psychological support services, and equitable workloads, could further reduce burnout, particularly among female occupational therapists.

Conclusion

This study examined the relationships between work-life quality, job satisfaction, job burnout, and demographic variables among Iranian occupational therapists. The results show that work-life quality is positively linked to job satisfaction and negatively linked to job burnout. Demographic factors, such as income and gender, significantly affect work-life quality and burnout, while others have minimal impact. Education level was identified as a key factor in intrinsic job satisfaction, with higher education being associated with greater satisfaction and better-coping abilities. These results align with previous studies, suggesting that higher education enhances skills and career prospects, leading to higher job satisfaction. These results highlight the importance of supportive work environments and educational opportunities. Investing in education and professional development can improve work-life quality and job satisfaction, benefiting the workforce and patient care.

Limitations

This study had several limitations that may have influenced the results. One such limitation is the challenge related to data access. Collecting information from occupational therapists across all provinces requires significant coordination and time, resulting in limitations in accessing the complete set of required data. Additionally, the study's cross-sectional design did not clarify causal relationships and only demonstrated correlations. Furthermore, self-report measures may have led to a response bias, as participants may have been inclined to provide socially desirable answers.

Recommendations

Practical recommendations: Interventions, such as educational programs, career development, and enhanced working conditions, should be implemented to improve work-life quality and reduce job burnout. Strengthening organizational culture and social support in the workplace is essential. Policies promoting work-life balance, specifically tailored to occupational therapists, should be prioritized.

Research recommendations: Future studies should adopt longitudinal designs to explore causal relationships between work-life quality, job burnout, and related factors. Larger and more diverse samples from various regions will increase the generalizability of the results. Investigating the impact of organizational culture, social support, and professional policies on work-life quality and burnout is also recommended. Further research on the complex interactions affecting work-life quality and job satisfaction in occupational therapy is crucial.

Ethical Considerations

Compliance with ethical guidelines

Ethical principles and guidelines for human research conducted in this study. Participants provided informed consent after being fully briefed about the study's objectives, data collection procedures, and confidentiality of their responses. Participation was voluntary, and respondents could withdraw at any stage without consequences. Ethical approval for the study was obtained from the Research Ethics Committee of the Iran University of Medical Sciences, Tehran, Iran (code: IR:IUMS.REC.1403.117).

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Authors' contributions

Conceptualization, supervision, review and editing: Samaneh Heidari and mohamad kamali; Methodology: Malahat Akbarfahimi; Writing the original draft: Amirhossein Dalvand.

Conflict of interest

The authors declared no conflict of interest.

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