



THE RELATIONSHIP OF OCCUPATIONAL BALANCE TO LIFE SATISFACTION AMONG CAREGIVERS OF CHILDREN WITH SPECIAL NEEDS IN SELECTED PEDIATRIC REHABILITATION CENTERS IN MANDAUE CITY

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Abstract: This study investigates the relationship between the level of occupational balance and life satisfaction level among caregivers of children with special needs in selected pediatric rehabilitation centers in Mandaue City in the year 2021. A total of eighty-one caregivers participated in the study. Two questionnaires were utilized, namely the "Occupational Balance Questionnaire" developed by Håkansson and Wagman (2019) and the "Satisfaction With Life Scale" by Diener et al. (1985). Results showed that the majority of caregivers had a low occupational balance (49, 60.5%) while the minority achieved a high occupational balance (32, 39.5%). Results on "Life satisfaction" levels revealed the highest response for "slightly satisfied" (30, 37.0%). The findings also showed a moderate positive relationship between the level of occupational balance and life satisfaction level ($r_s=0.412$). This means that when the level of occupational balance increases, the life satisfaction level also increases. Similarly, as occupational balance decreases, life satisfaction also decreases.

Keywords: caregivers, children with special needs, life satisfaction, occupational balance

I. INTRODUCTION

Caregivers reported lower satisfaction in their lives when their physical, psychological, sleep, and economic needs are not met, thus, affecting their roles as caregivers (Arango et al., 2010). If caregivers are not able to achieve the proper balance in their occupations, their overall well-being can be affected, whereas, if they are motivated to take on their responsibilities with the children they are caring for, they may have a higher level of overall life satisfaction (Alias et al., 2019).

Life satisfaction is an individual's subjective assessment of how grateful they

are for their current situation (Diener et al., 1985). This subjective perception is a reflection of the caregiver's assessment of the responsibilities that come with providing care to the children with special needs (Gebeyehu et al., 2019).

Previous studies on occupational balance have concluded that some factors can lead to a high occupational balance among caregivers of children with special needs. These include having a positive attitude (Borgh et al., 2017), good work-life balance, participation in other occupations (McGuire et al., 2004; Engelen, 2017), and

having healthy lifestyle choices and organized routines (Larson, 2000).

However, no studies have examined the connection between life satisfaction and occupational balance variables (Matuska & Christiansen, 2008; Backman 2004; Larson, 2000). Furthermore, Larson (2004), Backman (2004), and Aktan et al. (2020) recommended a need for further research on the correlation between these variables.

Among occupational therapists, there is a growing concern about effective interventions to help caregivers relieve discomfort, maximize proper coping mechanisms, and receive the required assistance (Alias et al., 2019). It is imperative to look into this in order for caregivers to achieve occupational balance and optimal well-being.

This study hopes to provide insights into the relationship between life satisfaction and occupational balance among the caregivers of children with special needs. Findings may be used to improve the current interventions, prevent the risk of dysfunction in the workplace, and promote health by maintaining occupational balance and life satisfaction. Moreover, this study hopes to provide valuable knowledge to caregivers, family members, and other professionals in understanding the importance of achieving occupational balance and life satisfaction.

II. METHODOLOGY

A descriptive correlational survey design was utilized to measure the level of occupational balance, life satisfaction, and their relationship with each other. The study was conducted at the rehabilitation centers in Mandaue City that cater to children with special needs, specifically Cebu Doctors' University SLP Cares Rehabilitation Training Facility, CDU OT Cares Rehabilitation Training Facility, and Intercare Life Skills Center.

A total of 81 caregivers of children with special needs (24 from Intercare Life Skills Center, 23 from CDU OT Cares, and

34 from CDU SLP Cares) agreed to participate in the study.

The study utilized the Occupational Balance Questionnaire (OBQ11) and the Satisfaction with Life Scale (SWLS) that was translated into Cebuano. All items of the questionnaires had an acceptable item-total correlation making both instruments good to use in the Philippine setting. The OBQ 11 yielded a Cronbach's alpha of 0.788, while the SWLS also yielded a Cronbach's alpha of 0.810 from the 30 caregivers of Play and Learn Pediatric Therapy Hub located in Pagadian City, Zamboanga del Sur and GOAL Pediatric and Adult Therapeutic Center located in Cebu City.

According to Wagman et al. (2014), the OBQ11 consists of 11 items with a four-point scale ranging from strongly disagree (0) to strongly agree (3). The statements address the variety and satisfaction of occupations, time management, importance and balance of occupations, control and harmony of occupations, alignment with personal values, and adaptability. Item scores can be analyzed separately, having a range of 0 to 3 for each item or added together to provide a cumulative score with a range of 0 to 33. The said instrument has no specified cut-off value, but rather the interpretation is derived from the median of the summed scores. Scores equal to or below the median indicate low occupational balance while scores above the median indicate high occupational balance (Borgh et al., 2017). A cutoff value of 23 was used based on the median of the cumulative scores. A total score less than or equal to 23 is interpreted as low occupational balance while a total score greater than 23 is interpreted as high occupational balance.

According to Diener et al. (1985), the SWLS is used to determine the life satisfaction level of the respondents. It utilizes a seven-point rating scale from strongly disagree (1) to strongly agree (7), with five statements containing general questions on their overall contentment with their life, work, health, or relationships.

The scores for the SWLS range from 5 to 35. A score from 5 to 9 suggests that the respondent feels extremely dissatisfied, from 10 to 14 dissatisfied, from 15 to 19 slightly dissatisfied, a score of 20 suggests a neutral life satisfaction level, from 21 to 25 slightly satisfied, from 26 to 30 satisfied, and from 31 to 35 extremely satisfied with their life.

This study was approved by the CDU Institutional Ethics Review Committee. There were 100 caregivers from the three selected pediatric rehabilitation centers in Mandaue City, however, only 81 caregivers gave their consent to participate in the actual survey.

Participants had to fulfill all of the following criteria: caregiver who cared for one child with special needs, provided care for the child with special needs for at least eight hours a day, cared for the child for at

least one year, literate, 18 years old or older, and worked in a rehabilitation center in Mandaue City. Excluded were those who did not work in the said centers, had not taken care of a child with special needs for at least one year, and had not cared for the child for at least 8 hours a day.

Due to the restrictions during the COVID-19 pandemic, the data gathering was conducted via Google Meet call and Messenger. The tools were administered through Google Forms to obtain the data needed for the study. The level of occupational balance and life satisfaction level were determined using frequency and proportions and correlation between the level of occupational balance and life satisfaction level.

III. RESULTS AND DISCUSSION

The following figures and table present the level of occupational balance and the life satisfaction level of the

caregivers. The relationship between the values of the variables was analyzed through Spearman rank using IBM SPSS version 23.

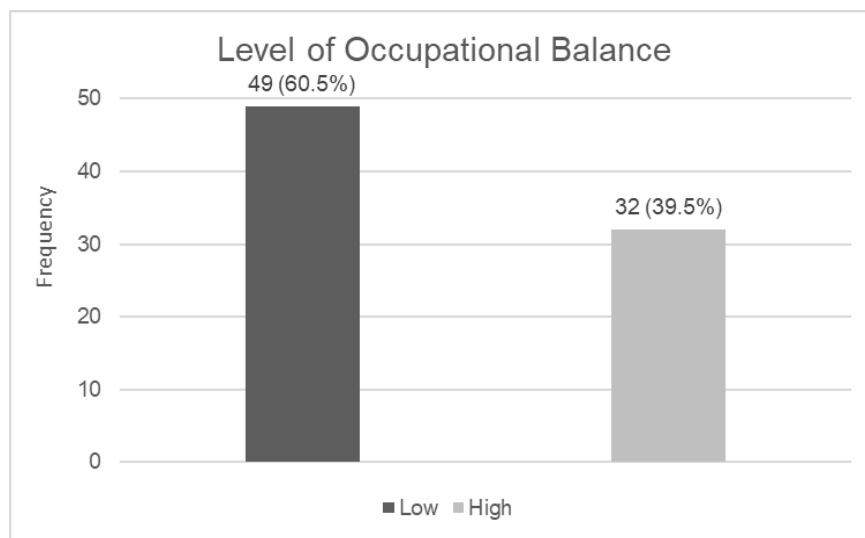


Figure 1. Distribution of Caregivers Based on OBQ11

Figure 1 presents the frequencies and percentages of the level of occupational balance based on OBQ11. The majority of the respondents (49, 60.5%), with a total score of less than or equal to 23, had low occupational balance. Meanwhile,

the minority of the respondents (32, 39.5%), with a total score greater than 23, achieved high occupational balance.

The presence of low occupational balance was evident with the majority of the respondents (60.5%). According to the Life

Balance Model, respondents with low occupational balance are unsuccessful in engaging in all performance areas and domains of occupation (Matuska, 2012). The Experiential Model of Occupational Balance also explains that these are more challenging than calming occupations (Jonsson & Persson, 2006). This shows that caregivers are unable to cope with the stress nor regain their energy which may result in health problems and their inability to provide proper care for the child. Given these circumstances, when asked to participate in the study, several respondents declined and shared a common response of not having enough time or energy. Similarly, the low occupational balance may be attributed to an incongruence in several person, environment, and occupation factors that negatively affect their well-being as explained in the PEO model (Law et al., 1996). These respondents disagreed with OBQ11 items 4, 9, and 10 indicating that they have an inadequate variation of daily activities and have difficulty achieving the balance between self-care, child-rearing, homemaking, work, resting, leisure, and socialization. The Caregiver Identity Theory supports many responsibilities of the caregiver role such as child rearing, home care, and general health care which require

more effort to fulfill (Montgomery and Kosloski, 2013; Knerl, 2020).

On the other hand, minority of the respondents (39.5%) achieved high occupational balance and agreed with OBQ11 items 6, 7, and 8 indicating that they are satisfied with the amount of time, number, and variation of occupations. This may be attributed to their ability to effectively plan, prioritize, and organize their daily activities while considering their personal preferences (Larson, 2000). Strategies such as scheduling of tasks and ensuring adequate time to tend to personal needs despite the difficult caregiver role aid in the acquisition of a healthier lifestyle and a balance in different daily activities which is a right of all individuals as emphasized by the Framework of Occupational Justice. According to the PEO model, this also implies that they have a good fit among person, environment, and occupation factors leading to better performance as they are healthy and can function well to provide better care for the child with special needs. They also have a sense of fulfillment and competence which also motivates them to maintain this healthy level of functioning (Kielhofner, 2008).

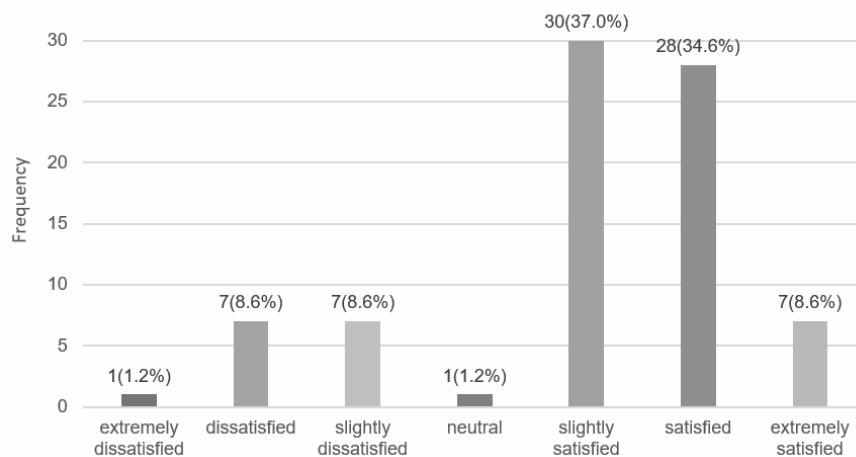


Figure 2. Distribution of Caregivers Based on SWLS

Figure 2 shows that a large proportion of the respondents were slightly satisfied (37.0%) and satisfied (34.6%) with their lives as caregivers of children with special needs. Moreover, it was observed that only a few were extremely satisfied (8.6%), slightly dissatisfied (8.6%), dissatisfied (8.6%), extremely dissatisfied (1, 1.2%), and neutral (1.2%) with their life.

According to the concept of Subjective Well-Being, the respondents can evaluate their lives if they can feel happiness and joy while attending to their role as caregivers. In using the SWLS, this was measured in seven levels. A large number of the respondents (37.0%) were slightly satisfied with SWLS item 2 indicating that they see their lives as good instead of excellent. This means that they are slightly satisfied with their life but see the need for some improvement in the areas of their life, either in work, school, family, friends, leisure, or personal development. This may be due to unexpected situations in child rearing or insufficient knowledge for which they see that improvements such as time management and coping strategies may help them provide better care and increase their overall satisfaction (Cattik and Aksoy, 2018; Larson, 2010).

Some respondents (34.6%) were satisfied and agreed with Item 1, indicating they have efficiency in the caregiver role, and have the autonomy to choose and do things that they like. This is often attributed to the ability to balance the different domains in their lives, have the motivation to meet the demands and role expectations of being a caregiver, and as well fulfilling their own needs (Yazdani, 2017; Kielhofner 2008).

Some respondents (8.6%) were extremely satisfied and agreed that they have gotten important things in life and deemed it as ideal. Fulfilling the different domains in their life, dealing with life's challenges, and realizing higher self-efficacy while parenting serve as desirable goals for their role as a caregiver of children with

special needs (Yazdani, 2017; Larson, 2010; Cattik and Aksoy 2018; Schultz, 1992).

Meanwhile, others (8.6%) were slightly dissatisfied and disagreed with having small but significant problems in several areas of their lives. Caregivers experience difficulty in dealing with the demands and stress associated with the role of being a caregiver of a child with special needs, and inability to meet their own physical, psychological needs, sleep, and economic needs which may result in dissatisfaction and an imbalance of the different domains in their life (Arango et al., 2010; Yazdani, 2017).

Other respondents (8.6%) were dissatisfied with their lives and consider the conditions of their lives as terrible. The inability to balance different life activities and roles result in poor life satisfaction and ineffective care for the child with special needs (Schultz, 1992; Kielhofner, 2008; Yazdani, 2017). This implies that several factors, such as stress and burnout, set up a poor condition in their lives which reflects their overall dissatisfaction.

One respondent (1.2%) felt neither overly satisfied nor dissatisfied with the given role as caregiver of a child with special needs. At this level, the respondent may have enough knowledge and awareness to meet the child's and his own needs. The respondent experiences satisfaction and success but sees no issues or need for improvement (Schultz, 1992). Also, one respondent (1.2%) was extremely dissatisfied and agreed to change almost everything in life as it is far from ideal. This denotes that caregivers can become extremely unhappy with their current life and have difficulty with doing things they like. This may cause poor motivation, inefficient care, and inter-role conflict leading to low life satisfaction that can be drastic enough to affect their roles as husband or wife or to engage in leisure activities (Kielhofner, 2008).

Table 1. Spearman's Rank Correlation Between the Occupational Balance and Life Satisfaction (N = 81)

Variables (OBQ11 & SWLS)	Correlation Coefficient	Interpretation
Occupational Balance and Life Satisfaction	0.412	There was a moderate positive relationship.

Based on Table 1, the correlation coefficient of 0.412 indicates a moderate positive relationship between the occupational balance and life satisfaction of the 81 caregivers in Mandaue. This means that when the level of occupational balance increases, the life satisfaction level also increases. Similarly, as occupational balance decreases, life satisfaction also decreases. This revealed that if caregivers can balance the things they do for themselves with the things they do for others, have the right amount of variation, and have enough time to do different life activities such as homemaking, leisure, and socializing, then the conditions in their life are excellent. However, if they are unable to balance these different life activities and have insufficient time to do desired activities, then the conditions of their life are deemed terrible (Matuska and Christiansen, 2008; Diener et al., 1993).

In relation to the Life Balance Model and Subjective Well-Being concept, caregivers are able to achieve an increased occupational balance and life satisfaction when they establish and maintain healthy routines and have positive attitudes with regard to parenthood which influences their feeling and thinking that their life is going well (Matuska and Christiansen, 2008; Diener et al. 1993; Borgh et al. 2017). This supports the concept that being able to balance the activities in life can greatly increase one's life satisfaction.

In contrast, difficulty in balancing activities such as leisure, rest, household chores, and child-rearing can result in burnout, self-doubt, and inability to control stress leading to a decrease in life satisfaction (Hanson & Jones, 2002; McGuire et al. 2004; Cattik & Aksoy, 2018;

Aktan et al. 2020; Arango et al. 2010; Murphy et al. 2007).

As mentioned by the Framework of Occupational Justice, caregivers feel an injustice when their right to engage in their valued and meaningful occupation is being denied. This is why caregivers experience big changes in their lives, such as quitting their jobs in order to fulfill their caregiving obligations and responsibilities. That being stated, there is a dysfunction that leads to occupational injustice when the respondents do not display balance in their occupations thereby affecting their life satisfaction.

Occupational therapy enables people of all ages to perform the activities that they want to do with satisfaction. This includes the caregivers of children with special needs. In service delivery, it is necessary for occupational therapists to address all hindrances to a client's recovery. In this case, occupational therapists not only look into the needs of the child but also of his or her primary caregiver's needs as they play this vital role in the continuation of the child's development at home. This means that the health and well-being of the caregivers, including their occupational balance and life satisfaction are essential for them to function well in this role. Thus, occupational therapists incorporate the family centered approach to allow caregivers to be involved in decision making with the goals and interventions which may help in guiding them to provide the most effective care for the child with special needs while ensuring that their occupational balance and life satisfaction are prioritized.

IV. CONCLUSION

The study showed a relationship between the level of occupational balance and life satisfaction level among caregivers of children with special needs in selected pediatric rehabilitation centers in Mandaue City.

Based on the findings, the researchers recommend that the rehabilitation workforce (occupational therapists, speech-language pathologists, and physical therapists) should bring more attention to occupational balance when collaborating with the primary caregivers by using the family-centered approach. This will promote better health outcomes, occupational balance, and life satisfaction.

For future studies, the researchers recommend widening the context and scope of the study population to strengthen the findings of the study. In addition, demographic factors such as age, educational background, socioeconomic status, civil status, and the diagnosis of the children with special needs, as well as role enrichment, should be considered as additional variables.

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