



“ASSESSMENT OF BURNOUT SYNDROME AMONG PHYSIOTHERAPY PROFESSIONALS - CROSS SECTIONAL SURVEY”

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Abstract:

Aim: To assess Burnout Syndrome among Physiotherapy Professionals.

Objective: To evaluate the risk of Burnout Syndrome in three dimensions; Emotional Exhaustion, Depersonalization, and Altered Personal Accomplishment among Physiotherapy Professionals.

Background: Burnout Syndrome is defined as “to fail, wear out, or become exhausted by making excessive demands on energy, strength, or re-sources”. This causes the individual to exhibit negative attitudes and perspective by a loss of concern towards the patient and a feeling of withdrawal from his/her work.

Methods: Two hundred mumbai physiotherapists were included in the study according to the inclusion criteria who was selected conveniently. The subjects were given Consent form, Demographic Data Sheet, Maslach Burnout Inventory Scale- Human Service (MBI-HS) Questionnaire which was filled by them after explaining the need and motive of the study.

Results: Physiotherapists in age group 26-35 yrs have significant low levels of Burnout in EE, PA and low moderate level in DP component; physiotherapists in age group 36-45 yrs have low levels in EE and PA, while its moderate level in DP domain; physiotherapists in age group 46-55 yrs have low levels in EE and PA, while its moderate level in DP domain; Physiotherapists working 0-8 hrs have low levels in EE and PA, while its moderate level in DP domain; physiotherapists working >8 hrs have low levels in EE, DP and PA domain.

Conclusion: The study finally concluded that there is Low level of Burnout in EE domain and PA domain, but in DP domain there is low level of burnout in 26-35 years of age group, and moderate level of burnout in 36-45 years and 46-55 yrs. On the basis of number of working hours, there is low level of Burnout as per EE domain and low to moderate level as per DP and PA domain.

Index Terms – Burnout syndrome, Physiotherapists, Emotional Exhaustion, Depersonalization, Personal Accomplishment

INTRODUCTION

Burnout syndrome is defined as “to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources”⁽¹⁾. In the health profession, Wolfe defined burnout as “the experience of emotional and physical exhaustion together with strong feelings of frustration and failure”⁽²⁾. This causes the individual to exhibit negative attitudes and perspectives by a loss of concern towards the patient and a feeling of withdrawal from his/her work.⁽³⁾

The syndrome differs from Work-related Stress in that it is a psychosocial phenomenon influenced by Personal factors and historical-social and cultural variables⁽²⁾. Maslach described burnout as a syndrome of potential interest to all professions because it has significant relationship implications and leads to irritation, restlessness, indifference, cynicism and hostility in helping professionals, months or years of commitment and attention to work^(4,5). The main risk factor for the onset of burnout is being a worker in a helping profession, such as a social worker, teacher, policeman, nurse, doctor, psychotherapist, physiotherapist, counsellor, psychiatrist, clergy, nursery helper, mental-health worker, detention-centre worker and probation officer⁽⁶⁾. This is because the majority of health professionals get involved for many hours with problems and worries of the patients they treat. Changes in the health sector generate increased competitiveness, leading to difficult situations that health professionals have to adapt to continuously. All of the situations above can disrupt the physical and psychological integrity of these professionals⁽⁷⁾. In terms of etiopathogenesis burnout syndrome is the result of the complex interaction of social factors (circumstances) and individual factors (behaviour). Maslach has highlighted some of the individual factors: (a) men tend to be more insensitive towards the people with whom they work, whereas women tend to have negative feelings that can lead to an emotional breakdown; (b) the syndrome mainly affects younger professionals who have worked in risky fields, such as people-oriented, human service professions (e.g. nurses, police officers, penitentiary guards, social workers, psychotherapists, medical doctors, midwives, etc...), for a year to a year and a half; and (c) unmarried workers are more at risk than workers who are married. Individuals with a fragile or submissive personality also have a higher risk of burnout^(4,5). Large number of studies demonstrated the occurrence of BOS in several professions. However, few of them show its prevalence among physiotherapists, despite this being one of the most vulnerable groups.^(3,4,6)

Professional burnout is a syndrome comprising of three main domains that is Emotional Exhaustion (EE), Depersonalization (DP) and reduced Personal Accomplishment (PA)⁽⁴⁾. “Emotional exhaustion” is characterized by fatigue, lack of vigour or drive, anger, irritability, and a variety of psychosomatic symptoms. “Depersonalization” refers to tendency of distancing oneself during interpersonal contact and results into negative, callous, cynical behaviours, or interacting with colleagues and patients in impersonal manner. “Reduced perception of personal accomplishment” is manifested as building negative evaluation towards one’s own work/job and causes a drop of an employee’s feeling of competence and efficiency⁽⁵⁾. Burnout Syndrome reflects a negative impact on occupational indicators, such as job performance, job satisfaction, absenteeism and staff turnover. Furthermore, burnout symptoms is associated to a variety of mental and physical health problems, such as anxiety, irritability, mood swings, a feeling of failure, depression, inability to feel happiness; joy, pleasure and Contentment, insomnia and gastrointestinal disturbance^(5,6). Professionals working in services that requires interaction with other humans have been found to be at a high risk of developing this syndrome because of the psychological and emotional relationships they form with their clients⁽⁷⁾. Medical health professionals like physicians, nurses, surgeons etc have high risk prevalence of this syndrome as they work in physically, psychologically, and emotionally demanding conditions⁽⁸⁾.

The field of Physiotherapy is one of majorly exposed field to this syndrome as they have prolonged contact with the patients. They provide continuous care to their clients which is emotionally draining and exceedingly stressful⁽⁷⁾. Low salaries, poor self-esteem, rigid administration, low prestige, high patient’s expectations, high workload, time pressure, maladaptive coping mechanisms, conflicts with colleagues, lack of self-control, diminished resources, understaffing are Important factors which can lead to a burnout syndrome in these professionals^(5,9,10). Burnout symptoms can result into a limited performance ability of physiotherapists that leads to doubt the choice of their career and a decline in performance and/or quality of their work^(10,11,12).

Burnout Syndrome is measured by scale “Maslach Burnout Inventory- Human service (MBI-HS)”. Internal consistency of this scale was estimated by Cronbach’s coefficient alpha (n=1,316). The reliability of each subscale of MBI-HS scale is as follows; emotional exhaustion- 0.90, depersonalization- 0.79, personal accomplishment- 0.71. The MBI-HS is a 22-item self-report questionnaire that consists of three independently scored dimensions (emotional exhaustion, depersonalization and a lack of

personal accomplishment). The questions on the MBI-HS scale express the individual's feelings and attitude in their working environment and it's scored on a 7-point Likert scale (0- "never" to 6- "everyday"). The emotional exhaustion scale includes 9 items and identifies individuals who are emotionally exhausted or who feel overextended at work. The depersonalization scale includes 5 items and identifies those who have an impersonal response to patients they are taking care of and the personal accomplishment scale includes 8 items and assesses a lack of accomplishment and success related to work. High score in emotional exhaustion and depersonalization and low score in personal accomplishment corresponds to high risk of developing this syndrome, whereas a low score in emotional exhaustion and depersonalization, high score in personal accomplishment suggests low risk of developing it. Therefore, it is observed that the emotional exhaustion and depersonalization are directly proportional to risk of burnout syndrome and on other side the personal accomplishment is inversely proportional to it ⁽⁵⁾.

MATERIALS AND METHODOLOGY

- **Type of study:** Cross Sectional Survey.
- **Sample size:** 200.
- **Method of sampling:** Convenience sampling.
- **Study duration:** 6 months.
- **Study place:** Mumbai metropolitan regions.
- **Materials required:** Patient consent form, Information sheet, data sheet, pen.
- **Maslach Burnout Inventory – HUMAN SERVICE (MBI-HS) Scale.**

SELECTION CRITERIA:

Inclusion Criteria

- Physiotherapists working in both public as well as private sectors.
- Age 26-55 years.
- Clinical Physiotherapists (Graduate and Postgraduate).
- Physiotherapists with minimum 3 years of experience.
- Both male and female physiotherapists.

Exclusion criteria

- Academicians & Researcher Physiotherapists.
- Physiotherapists who have less than 3 years of experience.

PROCEDURE

The study to assess Burnout Syndrome among Physiotherapists was ethically approved from the Institutional Ethical committee of TMV's Lokmanya Medical college of Physiotherapy, Kharghar. 200 Subjects fulfilling the inclusion criteria was enrolled into the study after explaining them the motive and need of the study. The consent forms and information sheet regarding the survey was given to the participants. Demographic details were documented accordingly. Each aspect of English version of Maslach Burnout Inventory-Human service (MBI-HS) scale was given and asked to fill according to their experiences. The collected Data was analysed using suitable statistical test.

STATISTICAL ANALYSIS

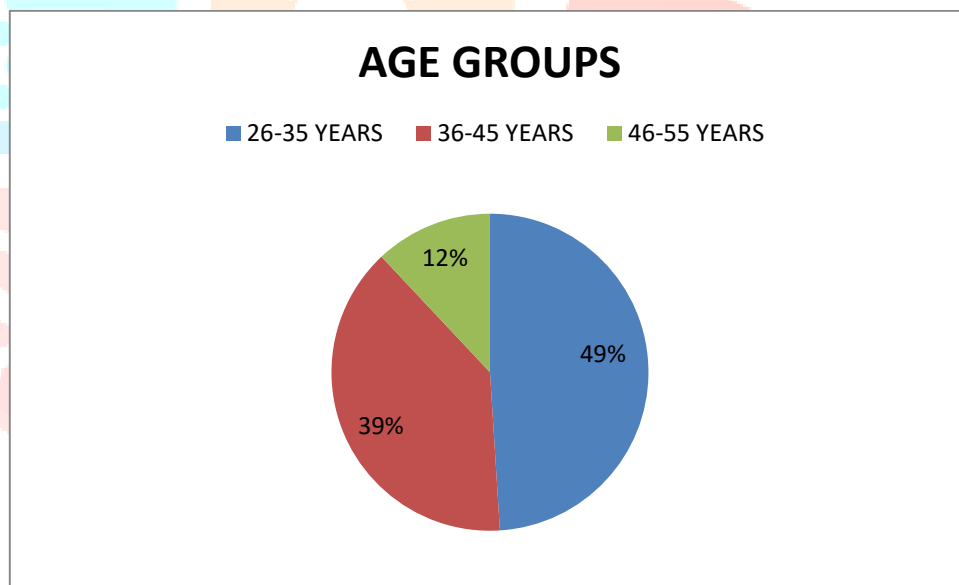
Descriptive Analysis was used for Data analysis using Microsoft Excel 2013 for calculating frequencies and percentage.

RESULTS

TABLE. 1

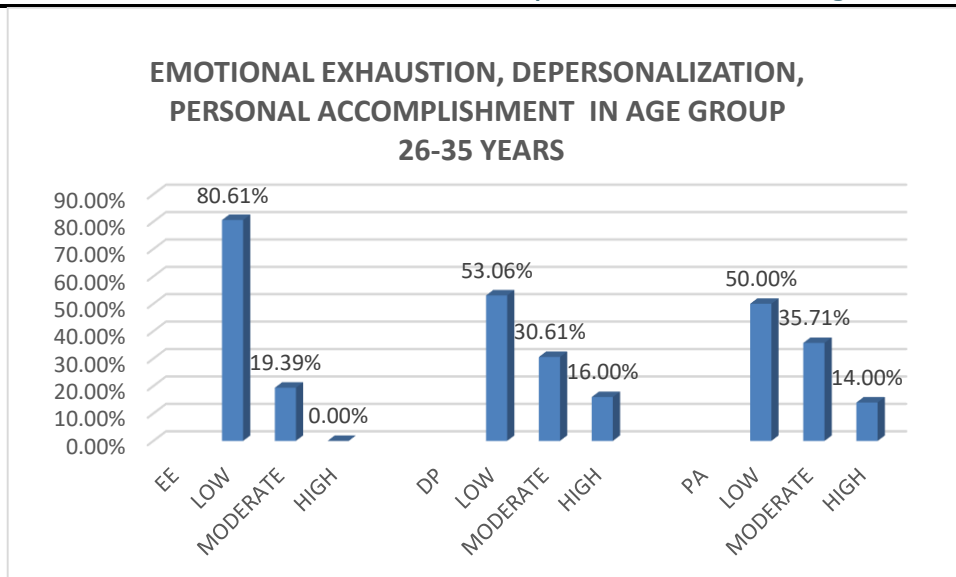
DEMOGRAPHIC COMPONENTS	NUMBER OF RESPONSES
AGE: 26-35 YEARS	98
36-45 YEARS	78
46-55 YEARS	24
GENDER: MALE	63
FEMALE	137
YEARS OF EXPERIENCE: 3 YEARS	20
>3 YEARS	180

Above table summarizes the total number of responses in each categories of age, gender, and years of experiences. In 26-35 years of age group there are 98 responses, 36-45 years of age group there are 78 responses, and 46-55 years of age group there are 24 responses. According to gender; there are 63 responses in male group while 137 responses in female group. As per years of experience; there 20 responses in 3 years experience group, and 180 responses in >3 years of experience group



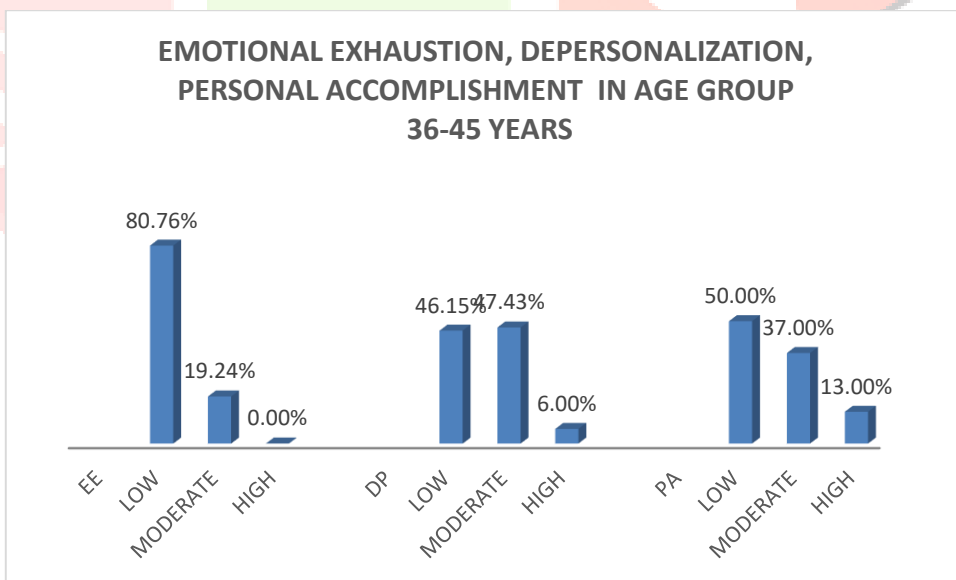
GRAPH 1.1

Above Pie Chart represents the percentage wise distribution of different age groups i.e; 26-35 years, 36-45 years, 46-55 years. From total no. of 200 subjects, 49% (n=98) are between 26-35 years, 39% (n=78) are between 36-45 years, while 12% (n=24) are between 46-55 years.



GRAPH 1.2

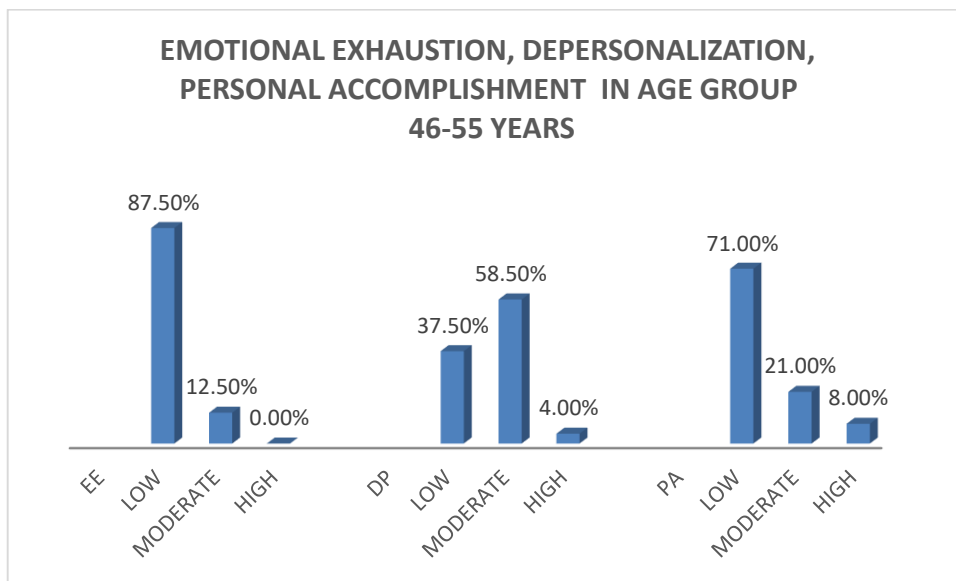
Above Bar graph represents the Level of Burnout on the basis of Emotional Exhaustion, Depersonalization, Personal Accomplishment in age group 26-35 years. The first section of the graph towards extreme left depicts the Emotional Exhaustion (EE) domain of Burnout, which shows that out of total no. of 98 subjects in this age group; 80.61% (n=79) subjects have low level burnout, 19.39% (n=19) of subjects have moderate level burnout, and 0% (n=0) of subjects have high level of burnout. The second section of the graph in the middle depicts the Depersonalization (DP) domain of Burnout, which shows that out of total number of responses i.e.: 98 subjects; 53.06% (n=52) of subjects have low level burnout, 30.61% (n=30) of subjects have moderate level burnout, and 16% (n=16) of subjects have high level of burnout. The third section towards extreme right depicts the Personal Accomplishment (PA) domain of Burnout, which shows that 50% (n=49) of subjects have low level burnout, 35.71% (n=35) of subjects have moderate level burnout, and 14% (n=14) of subjects have high level of Burnout.



GRAPH 1.3

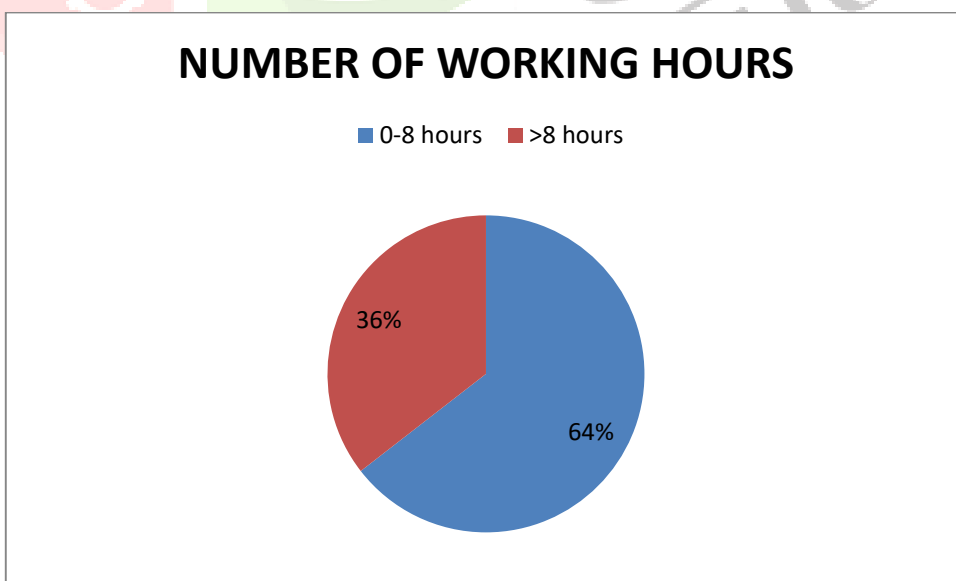
Above Bar graph represents the Level of Burnout on the basis of Emotional Exhaustion, Depersonalization, Personal Accomplishment in age group 36-45 years. The first section of the graph towards extreme left depicts the Emotional Exhaustion (EE) domain of Burnout, which shows that out of total no. of responses i.e.: 78 subjects; 80.76% (n=63) of subjects have Low level, 19.24% (n=15) of subjects have Moderate level, and 0% (n=0) of subjects have High level of Emotional Exhaustion. The second section of the graph in the middle depicts the Depersonalization (DP) domain of Burnout, which shows that out of total no.of responses i.e.: 78 subjects; 46.15% (n=36) of subjects have Low level, 47.43% (n=37) of subjects have Moderate level, and 6% (n=5) of subjects have High level of Emotional Exhaustion. The third section towards extreme right depicts the Personal Accomplishment (PA) domain of Burnout, which shows that out of total number of responses i.e.: 78 subjects; 50% (n=39) of

subjects have Low level, 37% (n=29) of subjects have Moderate level, and 13% (n=10) of subjects have High level of Personal Accomplishment.



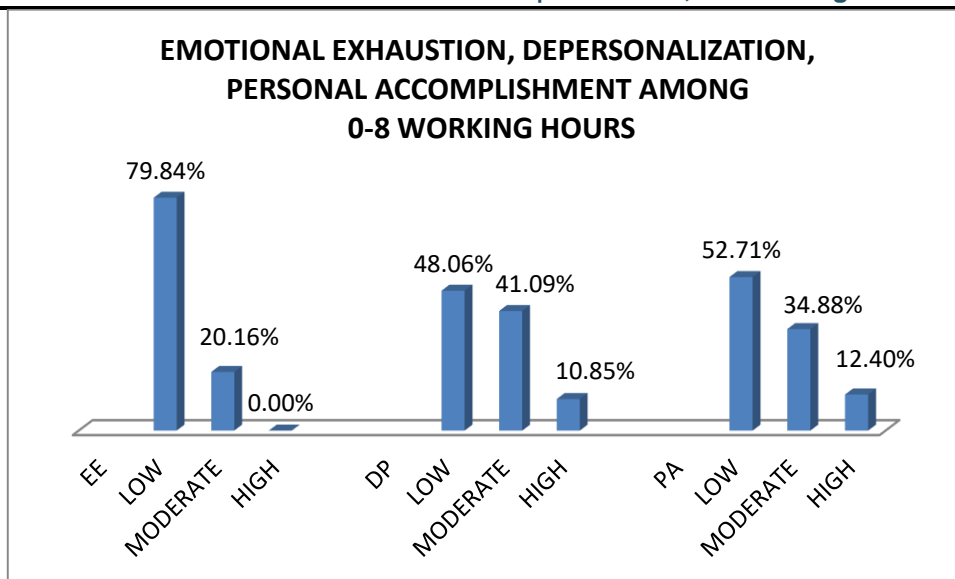
GRAPH 1.4

Above Bar graph represents the Level of Burnout on the basis of Emotional Exhaustion, Depersonalization, Personal Accomplishment in age group 46-55 years. The first section of the graph towards extreme left depicts the Emotional Exhaustion (EE) domain of Burnout, which shows that out of total no. of responses i.e.: 24 subjects; 87.50% (n=21) of subjects have Low level, 12.50% (n=3) of subjects have Moderate level, and 0% (n=0) of subjects have High level of Emotional Exhaustion. The second section of the graph in the middle depicts the Depersonalization (DP) domain of Burnout, which shows that out of total no.of responses i.e.: 24 subjects; 37.50% (n=9) of subjects have Low level, 58.50% (n=14) of subjects have Moderate level, and 4% (n=1) of subjects have High level of Emotional Exhaustion. The third section towards extreme right depicts the Personal Accomplishment (PA) domain of Burnout, which shows that out of total no. of responses i.e.: 24 subjects; 71% (n=17) of subjects have Low level, 21% (n=5) of subjects have Moderate level, and 8% (n=2) of subjects have High level of Personal Accomplishment.



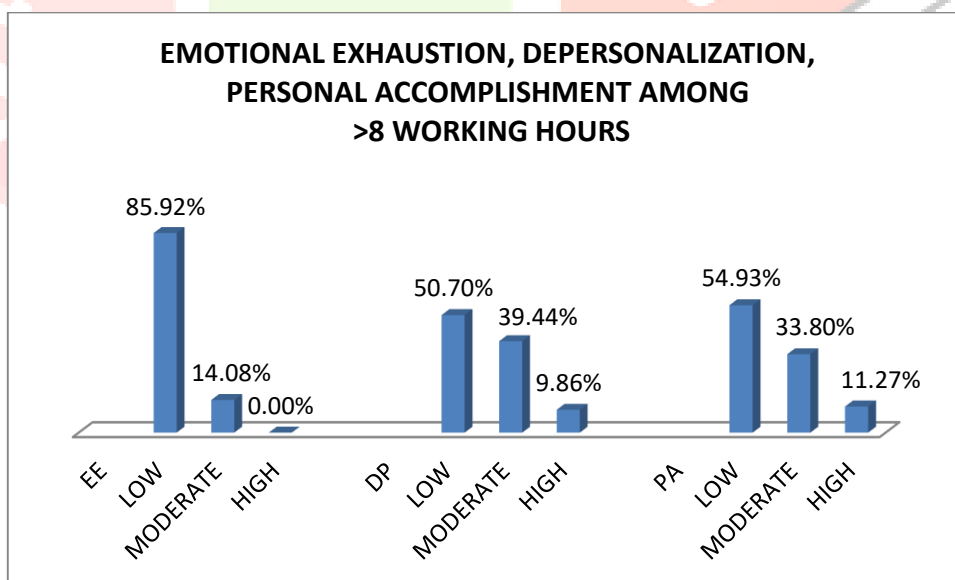
GRAPH 2.1

Above Pie Chart represents the percentage wise number of working hours among physiotherapists i.e.; 0-8 hours and greater than 8 hours. From the total no. of 200 subjects, 64%% (n=129) of physiotherapists work between 0-8 hours, while 36% (n=71) of physiotherapists work more than 8 hours.



GRAPH 2.2

Above Bar graph represents the Level of Burnout in its 3 domains i.e.; Emotional Exhaustion, Depersonalization, and Personal Accomplishment on the basis of number of working hours among physiotherapist which is 0-8 hours. The first section of the graph towards extreme left depicts the Emotional Exhaustion (EE) domain of Burnout, which shows that out of total no. of 129 subjects who works 0-8 hours; 79.84% (n=103) subjects have low level burnout, 20.16% (n=26) of subjects have moderate level burnout, and 0% (n=0) of subjects have high level of burnout. The second section of the graph in the middle depicts the Depersonalization (DP) domain of Burnout, which shows that out of total no. of responses i.e.; 129 subjects; 48.06% (n=62) of subjects have low level burnout, 41.09% (n=53) of subjects have moderate level burnout, and 10.85% (n=14) of subjects have high level of burnout. The third section towards extreme right depicts the Personal Accomplishment (PA) domain of Burnout, which shows that 52.71% (n=68) of subjects have low level burnout, 34.88% (n=45) of subjects have moderate level burnout, and 12.40% (n=16) of subjects have high level of Burnout.



GRAPH 2.3

Above Bar graph represents the Level of Burnout in its 3 domains i.e.; Emotional Exhaustion, Depersonalization, and Personal Accomplishment on the basis of number of working hours among physiotherapist which is >8 hours. The first section of the graph towards extreme left depicts the Emotional Exhaustion (EE) domain of Burnout, which shows that out of total no. of 71 subjects who works >8 hours; 85.29% (n=61) subjects have low level burnout, 14.08% (n=10) of subjects have moderate level burnout, and 0% (n=0) of subjects have high level of burnout. The second section of the graph in the middle depicts the Depersonalization (DP) domain of Burnout, which shows that out of total no. of responses i.e.: 129 subjects; 50.70% (n=36) of subjects have low level burnout, 39.44% (n=28) of subjects have moderate level burnout, and 9.86% (n=7) of subjects have high level of burnout.

The third section towards extreme right depicts the Personal Accomplishment (PA) domain of Burnout, which shows that 54.93% (n=39) of subjects have low level burnout, 33.80% (n=24) of subjects have moderate level burnout, and 11.27% (n=8) of subjects have high level of Burnout.

DISCUSSION

The results of our study demonstrated that there is low to moderate levels of burnout syndrome in DP domain and low levels of burnout in EE and PA domain amongst Physiotherapists. Thus, it seems that Physiotherapists working as clinicians have burnout syndrome which is in accordance with our literature studies. In the year 2018, Bruno Corrado, Gianluca Ciardi and others conducted a study in Italy which concluded that 75% physical therapists had low to moderate EE score, 90% had moderate to high DP score, and 80% had low to moderate PA score, while in the year 2014, Dalia Muhammed Al-Imam, et al conducted study in Arabian Setting which resulted that there is Moderate level of Burnout among Physiotherapists. In contradiction, Blanca González-Sánchez¹ et.al in 2016 conducted a study in Spain which shows that there is high level of burnout among Physiotherapist, this could be because of different clinical settings in different geographical areas. They also concluded moderate level of affection in all the three parameters in the physiotherapist working for more hours in the day. In our study, the burnout levels among physiotherapists with different age groups and with respect to three burnout domains showed that, among age group of 26-35 years, the EE component showed low levels of burnout, the PA component also has low levels and DP component has low to moderate levels of burnout. Physiotherapist between 36-45 years of age showed low levels of burnout in EE domain, moderate levels of burnout in DP domain and low levels of burnout in PA domain. Lastly physiotherapists among age group 46-55 years has low levels of burnout in EE component, moderate levels of burnout in DP component and low levels of burnout in PA component respectively. This reflects that the burnout increases with the age. As the age increases the risk of depersonalization gets higher, this might be because of increased stress levels, sleep deprivation, increased workloads, hormonal changes, different age-related disorders like insomnia, Diabetes, Thyroid disorders, etc. All these factors greatly influence the development of burnout among Physiotherapists.

The Burnout levels among Physiotherapist according to the number of working hours i.e., working for 8 hours showed low levels in EE domain, low to moderate levels in PA domain and low to moderate levels in DP domain. Physiotherapists who works for 8 hours shift are more prone to develop Depersonalization and lack of Personal Accomplishment as compared to Emotional Exhaustion. This could be because of 8 hours shift which is generally stated for the employees for their psychological well-being so that physiotherapists don't get exposed to high levels of exhaustion emotionally, but on other side the depersonalization and lack of personal accomplishment could be a result of increasing patient's workload, high client recovery demands and etc. Physiotherapist working for more than 8 hours showed low levels in EE domain, low to moderate in PA domain and low to moderate in DP domain. Physiotherapist working for more than 8 hours have higher risk of burnout among depersonalization and lack of personal accomplishment criteria as well. This could be because of employees working for more than 8 hours which is beyond the normal working shifts demand get exposed to lack of self-confidence, negative attitude towards their job affecting their interpersonal relations and working environment which in turn will affect the patient satisfaction and lack of self-achievements.

Excessive workloads is an important factor of burnout especially with respect to exhaustion. The ability to effectively manage the workloads, leads to the perception that the employee has the ability to solve the overload and decrease the Exhaustion. However in the present study the participants does not show increasing exhaustion levels which indicates that whether there could be low working demands/workloads or they might be capable enough to manage their working demands and loads thus having low exhaustion. Emotional stability allows employees to be more adaptable to changing conditions in healthcare leading to more resiliency within the workforce. If the healthcare professionals can find the ways to refill their emotional storage, they will find ways to respond to their patients, increase quality of care, improve safety, professional success which in turn reduces the risk of emotional exhaustion and Burnout. In school and clinical rotations, healthcare professionals are not instructed on how to cope with the interpersonal relationships, secondary to this lack of training, healthcare professionals distance themselves from patients, families and caregivers and are unable to offer them the support needed during trying and uncertain times. Depersonalization leads to indifference, cynicism and lack of understanding what patients need during times of sickness. Healthcare professionals

whom have low to moderate levels of depersonalization tend to have poor patient satisfaction results, patients perceived poorer quality of life and had patients that were more depressed than patients who had healthcare professionals who were not experiencing depersonalization. Dias de Silva et al.(2018) found that depersonalization leads to poor patient outcomes and care. In Fact, Chao (2019) found that depersonalization of care can have greater impact on patient care than emotional exhaustion and low personal accomplishment. Poor self-esteem, low professional identity and emotional insecurity are characteristics that can lead to low personal accomplishment. Professional identity is the strongest predictor of low personal accomplishment. Low personal accomplishment can lead to healthcare professionals feeling a lack of personal success contributing to feelings of worthlessness. These inner feelings can then lead to feeling weak, insufficient and unsuccessful, even when others around them see and appreciate their work and accomplishments. All of these feelings lead to reduced personal accomplishment which increases the risk of burnout. But as per our study, the physiotherapists has low levels of burnout in personal accomplishment domain which reflects the better side of self-satisfaction and achievements in one's life thus contributing towards better patients outcome and recovery which would be profitable for not only the organization but also for our community.

CONCLUSION

The study finally concluded that there is Low level of Burnout in EE domain and PA domain, but in DP domain there is low level of burnout in 26-35 years of age group, and moderate level of burnout in 36-45 years and 46-55 yrs. On the basis of number of working hours, there is low level of Burnout as per EE domain and low to moderate level as per DP and PA domain.

LIMITATIONS

There were the following limitations of our study; there are several trials focusing on healthcare personal, but very few focus on physiotherapists, therefore making data comparison with existing studies difficult, the sample size was small due to which significant results was not obtained, the study was done on Physiotherapist working in hospital/clinical settings. Hence, further studies can be done among Academicians and Researchers Physiotherapists, and Considerable efforts were made to encourage the subjects to participate, as they were too busy with their work demands.

CLINICAL IMPLICATIONS AND FUTURE SCOPE

The main practical implication of our findings is that MBI-HSS should be constantly used in all rehabilitation facilities in order to identify physical therapists already in burnout or at risk of developing the syndrome. As regards physiotherapists affected by burnout, leave of absence and cognitive behavioural therapy should be the right solution for the management of the syndrome. Focus should be on strengthening social skills, communication competencies, coping strategies, and similar other abilities, reducing the risk factors contributing to the development of burn-out. The interventions to prevent burnout have to be planned and designed in terms of the particular components of burnout that need to be addressed. So, based on our findings we suggest that preventative measures should be aimed at DP reduction among Physiotherapists working in Mumbai Metropolitan Regions.

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