

A Survey to Access Prevalence and Severity of Burnout Syndrome among Physiotherapists in Ahmedabad

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ABSTRACT

Background: Burnout is defined as a syndrome conceptualized as resulting from chronic work place stress that has not been successfully managed in the International Classification of Disease 11th revision (ICD-11). It is characterized by a feeling of insufficient energy or exhaustion, increased mental distance from one's work, or a feeling of negativity or cynicism about one's work and reduced professional efficiency. Burnout among Physiotherapists can be a result of constant demanding therapeutic relationship with patients, lack of support from management or colleagues, high work load and time pressure. As for Academicians burn out can be a result of multiple teaching activities, handling research projects, performing administrative tasks. All this can lead to emotional exhaustion, low job satisfaction, performance; which made it important to know the prevalence of burnout to help understand the reasons of it so that necessary steps can be taken in that work area to prevent burnout.

Aim and Objective: To find prevalence and severity of Burnout Syndrome among Physiotherapists.

Methodology: A data of 109 physiotherapists of Ahmedabad was collected through google form survey. Academicians and Clinicians were included. Copenhagen Burnout Inventory was filled by the result was established by the average scores of personal burnout, work-related burnout, and client related burnout.

Results: The overall prevalence of Burnout was found to be 91/109 data, where 79.59% Academicians and 86.66% Clinicians had burnout. Severity of Burnout in Academicians majority of individuals had Mild Burnout 53.06%, 16.32% had Moderate Burnout, 10.20% were found to have Severe Burnout, whereas in Clinicians 56.66% had Mild Burnout and 30% had Moderate Burnout.

Conclusion: The study revealed an overall prevalence of burnout syndrome was 91/106 where clinicians showed more burnout than academicians but severity was found to be more in academicians.

Key Words: burnout syndrome, clinicians, academicians, physiotherapist, Ahmedabad

INTRODUCTION

The term burnout was introduced in the psychological literature by Freudenberg (1974) and Maslach (1976) in the 1970s; Burnout is determined as a syndrome conceptualized as a result of chronic work place stress that has not been successfully managed in the International Classification of Disease 11th revision

(ICD-11). [1] Freudenberg delineated the characteristics of professional burnout in the context of physical and behavioural symptoms as follows: increasing anger, frustration, suspicion and psychosis, colleagues' influence on one's own personal future ambitions, excessive rigidity and inflexibility in practice, and the appearance

of characteristics of one who is suffering from depression.^[2]

Freudenberger and Richelson stated “Burnout as the high cost needed for high achievement”, where it is typically often experienced by those working with people who are ill, upset and anxious about their conditions and related complications. This cluster includes individuals working in medical and paramedical field such as physicians, nurses, psychologists, social workers and physiotherapists.^[3] Burnout is not an acute condition but rather a multidimensional syndrome of prolonged response to chronic stressors.^[4]

The 3 major dimensions of burnout syndrome are as follows:

- 1) **Emotional exhaustion:** It is characterized by tiredness, unenthusiastic, higher irritability and a variety of psychosomatic symptoms.
- 2) **Depersonalization and Cynicism:** It suggests an inclination towards distancing oneself during interpersonal contact. In case of medical occupations, this may be manifested as treating an individual as just another “medical case” and loss of empathy.
- 3) **Decreased sense of personal accomplishment (inefficacy):** It means a drop of feeling of competence and efficiency in an employee.^[5]

Risk Factors for Burnout includes high work-related demands, having limited control over the outcomes of work, young age and feminine gender. Other important causes include lack of autonomy, an excessive load of tasks and responsibility, insufficient feedback on the roles one fulfils, inadequate pay and lack of support and help from the employers which can lead to burnout.^[6]

High level of burnout affects both the employee and the entire organization.^[7] Personnel absenteeism and frequent sick leaves negatively affect the standard quality of healthcare, whereas overburdening the members of therapeutic team elevates the chance of creating medical blunders. Such a sense of burnout leads to decrease in

involvement in performing work, which results in earlier retirement or resigning from one’s profession.^[8] Studies carried out among health professionals, including physiotherapists, suggest that burnout results from prolonged exposure to stress. Sources of occupational stress are repeatedly seen in the nature of organizational factors. Most frequently mentioned aggravating factors in the professional work of a physiotherapist include the following: lack of professional autonomy, lack of equipment and staff, poor work organization, overload or time pressure.^[9]

Research indicates that physiotherapists who experience imbalance between effort and reward had higher odds of being dissatisfied and unhappy with their work.^[10] Employees who work in health service are, undoubtedly, notably exposed to specific strains that occur during work with ill people and those who need medical care. Physiotherapists come across in close interaction with the patients during treatment which makes them more vulnerable to professional burnout. Effectiveness of the method of rehabilitation depends on emotional involvement of therapists and requires close physical contact with patients.^[11] Also, physiotherapists face patient’s aggression or their depressive reactions, supporting physically, emotionally and motivating the patient might lead to overload. Physiotherapists, similarly to different health professionals, are put at risk of a negative impact of work-related strain.^[12]
^{[13] [14] [15]}

Burnout has been mainly observed in individuals whose professional demands which include a high sense of ideals and high degree of interaction with other individuals, for instance medical staff and especially teachers.^[16] Burnout is a concern of many educators and is frequently caused by high levels of prolonged stress related to excessive time pressure, weak relationships with colleagues, lack of resources, large classes, isolation, fear of violence,

behavioural problems of students, role conflict, role ambiguity, limited promotional opportunities, lack of support and lack of participation in decision-making. University academicians are not spared from the problems associated with burnout. [17] Studies describe several issues and characteristics which universities deals with regularly such as pressures, demands, high accomplishments, few emotional rewards, conflicts, and drive for success. The unrealistic goals and expectations set for people without their input, and frustrations in achieving professional growth was also determined as a possible reason. University academicians are potential candidates for burnout syndrome because of their relationships with large numbers of students, personnel and administrators. Additionally, university academicians with higher levels of burnout are more likely to consider job changes. [18]

A review of burnout predictors in university professors identified some stressful factors which can trigger emotional exhaustion and low job satisfaction: work pressure, low pay, low social recognition, conflicts at work, problematic relationships with parents, large classes, and learning difficulties and aggressive behaviours in students. [19] Moreover, University professors must develop multiple activities for teaching and research projects as well as attending to scientific production necessities and performing administrative tasks such as organizing departments and faculties, planning academic activities and managing courses. [20]

Very little work has been undertaken to analyse the prevalence of burnout in the physiotherapy clinicians and academicians comparatively and since advancement in competition and larger universities both categories are facing even more pressures, making them more vulnerable to burnout. All this may result in emotional exhaustion, low job satisfaction, performance; which made it important to know the prevalence of burnout to help understand the reasons of it so that necessary steps can be taken in that

work area to prevent burnout.

METHODOLOGY

A cross sectional study was carried out where data of 109 physiotherapists was collected. A self-administered questionnaire was spread as google forms link in different social media platforms like WhatsApp, Instagram, Facebook etc. from the first point of contact and so forth. Information about the study and the questionnaire was provided in the form for better understanding and clear idea of the purpose of the study. Physiotherapists working in clinics, hospitals and as academicians were included where participation was anonymous and voluntary. Individuals willing to participate were included where those diagnosed with any psychiatric condition and any visual disability were included.

Demographic data sheet was used to collect information Convenient samples of 109 physiotherapists were taken using Copenhagen Burnout Inventory [21] which consists of three scales measuring personal burnout, work-related burnout, and client-related burnout, for use in different domains. The CBI has 19 items that are rated on a 5-point scale from 1 (never) to 5 (always) or from 0 to 100 points, where high scores indicate high levels of burnout. However, the original authors did not offer cut-off score for the interpretation. The items are divided into three subscales that measures physical and psychological fatigue associated with personal burnout (PB), Six items; work-related burnout (WB), Seven items; and client-related burnout (CB), Six items. Item 10 of the Work Burnout subscale has an inverted response scoring in relation to the other items of the scale. The authors have provided formal permission for the use of the scale. Scoring for the severity, No Burnout: 0-24, Mild Burnout: 25-49, Moderate Burnout: 50-74, Severe Burnout: 75-99 and 100 being Complete Burnout.

According to Kristensen et al. (2005), the Personal burnout subscale refers to the degree of physical and psychological

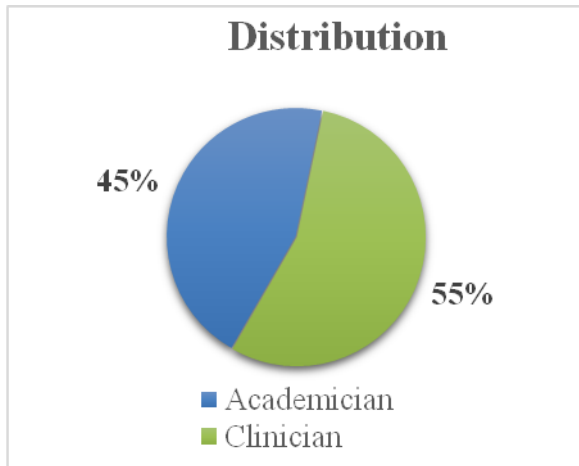
fatigue and exhaustion experienced by the individual, the Work burnout subscale represents the degree of physical and psychological fatigue and exhaustion experienced in relation to individual's work and workplace. The Client burnout subscale is defined as the degree of physical and psychological fatigue and exhaustion experienced in relation to work with clients. Copenhagen Burnout Inventory (CBI) is a tool widely used to screen Burnout Syndrome among working population where reliability of the three domains were high, $\alpha=0.892$ for personal burnout, $\alpha=0.868$ for work burnout, and $\alpha=0.836$ for client burnout and overall reliability was found to be $\alpha=0.918$.

analysis was done using Microsoft Excel where descriptive statistic shows that out of 109 responses 49 (44.95%) were Academicians and 60 (55.04%) were Clinicians.

Out of 109 individuals 79.59% Academicians and 86.66% Clinicians had Burnout, where in Academicians majority of individuals had Mild Burnout 53.06%, 16.32% had Moderate Burnout, 10.20% were found to have Severe Burnout. Whereas in Clinicians 56.66% had Mild Burnout and 30% had Moderate Burnout.

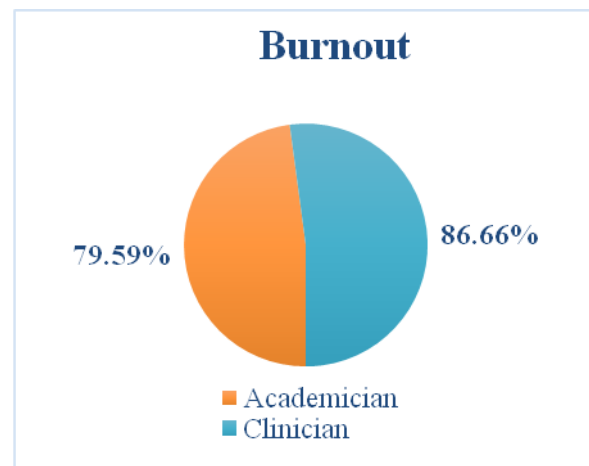
According to the three subscales of CBI, in Academicians Personal Burnout was found to be Mild in 45%, Moderate in 31%, Severe in 6% and Complete in 4% ; Work Burnout was Mild in 53%, Moderate in 18% and Severe in 10% ; Client Burnout was found to be Mild in 49%, Moderate in 16%, Severe in 8% and Complete in 4%.

RESULT

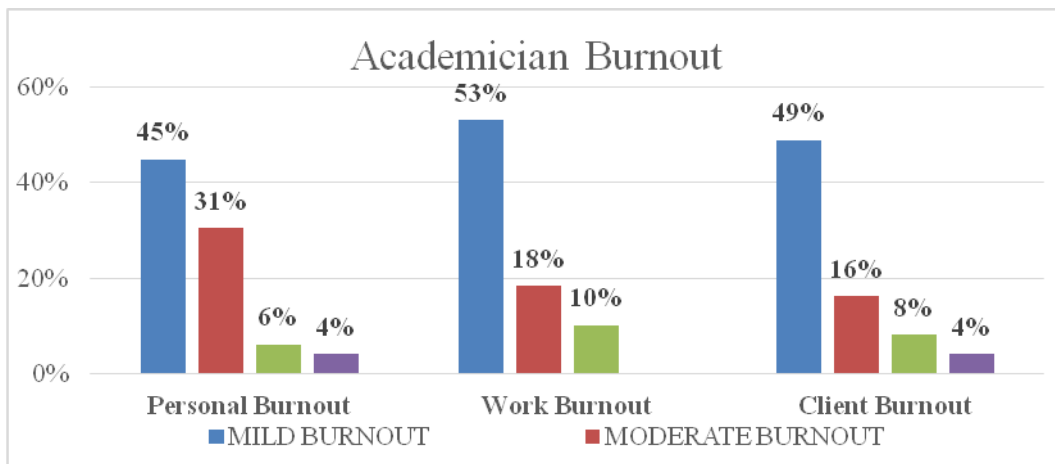


Graph 1 : Distribution

This study was carried out to assess burnout in physiotherapists both clinicians and academicians included with the use of Copenhagen Burnout Inventory. Statistical



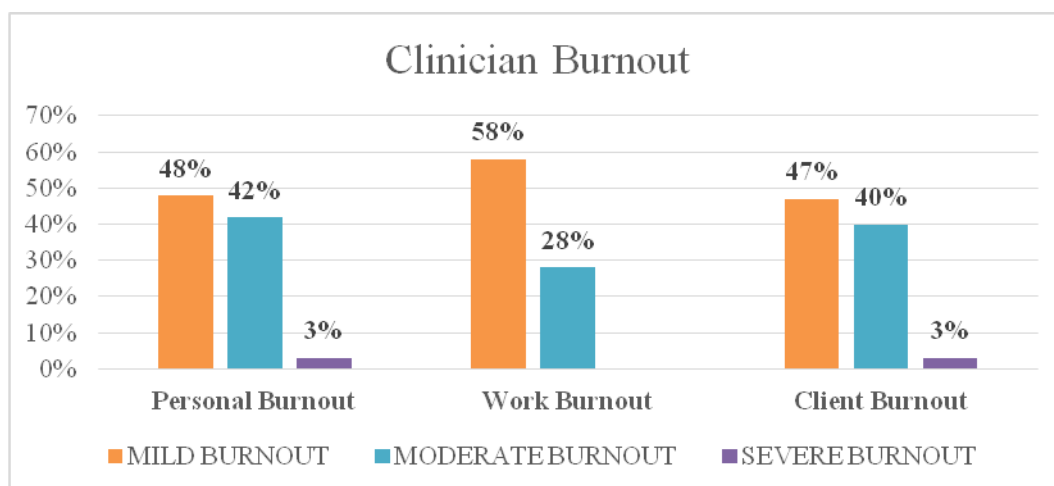
Graph 2 : Prevalence of Burnout



Graph 3 : Academician Burnout

Similarly, in Clinicians Personal Burnout was found to be Mild in 48%, Moderate in 42% and Severe in 3% ; Work

Burnout was Mild in 58% and Moderate in 28%; Client Burnout was found to be Mild in 47%, Moderate in 40% and Severe in 3%.



Graph 4 : Clinician Burnout

Based on above interpretations of the Copenhagen Burnout Inventory Indices, the overall prevalence of Burnout Syndrome among physiotherapists was found to be 83.48% which suggests high prevalence rate of Burnout among physiotherapists in Ahmedabad.

DISCUSSION

The goal of the study was to determine the prevalence and severity of phenomenon of professional burnout among the group of physiotherapists. In the present study, burnout indicators were related to the levels of reference specified by authors of the CBI. On this basis, it was found that burnout in Clinicians is manifested by an increased level of personal burnout followed by Client Burnout and then of Work Burnout. There is mismanaged and undefined areas of responsibilities with constant work pressure which leads to dissatisfaction towards work among physiotherapists. The payment system is also an issue as it doesn't look up to in comparison to the workload so to meet up adequate living standards physiotherapists take up extra jobs, limiting their personal time which also reduces their family and rest time.

Lesser skilled and low qualified physiotherapists go through a reduced sense of personal accomplishment and so it can be assumed that well-trained professionals, who demonstrate higher therapeutic skills, may feel much more frequently satisfied with the results of their work. [22] On the other hand, experienced and well-trained therapists are posted at more responsible and more stressful positions, which might cause emotional exhaustion. [23] This was not confirmed in the present study as there were only a few people who performed managerial positions, whereas other physiotherapists worked at similar positions, regardless of their level of education.

The literature on the subject indicates that the number of reports on burnout among physiotherapists is inadequate, while the work of physiotherapists is essential in the therapeutic process and in betterment of condition of patients. Physiotherapists play an important role in critical care, rehabilitation, and community health promotion. [24] Occupational stressors of a physiotherapists includes less personal time, musculoskeletal pain (i.e. back pain, neck pain, shoulder pain etc.), mental exhaustion, headache, general fatigue because of constant strain on various body systems

therefor causing negative impact on the physiotherapist. Constant strain, work overpressure, dedicated working hours are considered to be responsible for resulting in the Somatic Symptoms due to work.

In an overview, 86.66% and 79.59% Prevalence of Burnout Syndrome among clinicians and academicians indicates that Physiotherapists in both work field are more likely getting affected by occupational stressors. However, it is difficult to establish a proper Intervention method for Burnout Syndrome, because the causes and symptoms differ according to individuals and varied environmental factors. Healthcare professionals experience personal achievement and work satisfaction through positive reviews from their clients and so complete negligence of burnout factor cannot be justified. Therefore, the solution can be of being able to manage and complete work tasks with less effort and to smartly work in short time using mental and physical capabilities so as to reduce chances of exhaustion. From the following reasons, it can be said that acquiring sufficient clinical experience and consequent improvement in one's capabilities can rule out Burnout. Counselling, along with stress management strategies, can be a valuable support for people who are already experiencing Burnout.^[25]

Academicians perform complex work in a demanding environment where universities are the only organizations focussed on dual core functions of knowledge creation and transmission through of research and teaching processes. But academicians have faced some problems such as high teaching loads, unsatisfactory reward, large number of students, insufficient budget and research fundings, inadequate salaries and long hours of work. Therefore, academicians may experience burnout at some point in their professional period.^[26] Moreover, burnout can be a costly and distressing phenomenon that harms both individuals and work organizations. Because burnout is associated with decreased work performance and

reduced job commitment, which predicts stress-related health problems and low job satisfaction. For such reason, university administrators and academicians should be aware of burnout syndrome and deal with it in proper manner. The studies related to burnout among academicians can help and guide to both university administrators and academicians.

University staffs must be aware of stressors and their impact on performance to establish adequate measures in order to minimize them and reorganize their actions.^[27] The tasks of university professors include teaching as such, administration and research, which are valued differently and at times represent sources of conflict, given that teaching does not always being duly recognized. Thus, current understanding of workplace wellbeing suggests that academic staff, being exposed to variety of stressors and ever-changing education systems and advancements, they are potentially vulnerable to burnout. Therefore, university administrators should be aware of burnout syndrome and job satisfaction, and should identify the variables that contribute to job satisfaction or dissatisfaction concerned ways of improving job satisfaction level of academicians. The studies related to burnout among academicians and job satisfaction can help and guide to university administrators.

CONCLUSION

The study confirmed that physiotherapists, both clinicians and academicians, are exposed to professional burnout where severity was seen more in academicians and clinician showed more personal burnout. So, it is essential to have practical implications in managing individuals already experiencing burnout and to promote prevention and awareness programs to minimize the prevalence and threat of burnout and its associated complication.

Future scope

Level of burnout can be compared with different specialization fields of physiotherapy, with different work environment and experience.

Limitation

Organizational factors, personal traits, work environment variables were not considered.

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