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Research article

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Prevalence of burnout syndrome among physiotherapists in Jalgaon

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ABSTRACT

Background

Burnout is more often experienced by those working with people who are ill, upset and anxious about their conditions and its complications. This group includes medical doctors, nurses, psychologists, social workers and physiotherapists. Risk Factors for Burnout includes high work related demands, having little control over the outcomes of work, young age and female sex. Other important causes includes lack of autonomy, an excessive load of tasks and responsibility, lack of feedback on the roles one fulfills and lack of support and help from the employers.

Aim

To study the prevalence of burnout syndrome among physiotherapists.

Methods

An observational study, involving 100 participant from Dr. ulhas patil college of physiotherapy and other private physiotherapy centres in Jalgaon district and a study duration of 1 year.

Result

The result of this study revealed that the Prevalence of Burnout Syndrome among Physiotherapists practicing in Jalgaon is found to be 40% which suggests Moderately High Burnout prevalence among Physiotherapists in Jalgaon.

Conclusion

The study confirms that Physiotherapists, similarly to other employees in Health Services, may be exposed to Professional Burnout. It is difficult to accurately estimate the severity of the Burnout Phenomenon. Therefore it seems necessary to carry out further investigations in order to recognize the Environmental and Psychological Determinants of this complex phenomenon on Physiotherapy professionals.

Keywords: Maslach Burnout Inventory Scale. Its Validity is 0.72.

INTRODUCTION

The term **Burnout** raises a wide interest as a problem related to stressful and difficult working conditions among those caring for the sick. Burnout was first described in the psychological literature by Freudenberger, an American psychiatrist who associated burnout with such behaviors as susceptibility to disease, irritability, chronic fatigue, apathy, headache and a general sense of disengagement [1].

According to Freudenberger and Richelson, "Burnout is the high cost of high achievement" [4]. Burnout is more often experienced by those working with people who are ill, upset and anxious about their conditions and its complications. This group includes medical doctors, nurses, psychologists, social workers and physiotherapists. Research among health care workers by Maslach showed that emotions accompanying work with people who suffered may be a source of overwhelming emotional tensions.

According to Christina Maslach, professional burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment,

- 1 **Emotional exhaustion** is characterized by tiredness, lack of vigor or drive, higher irritability and a variety of psychosomatic symptoms.
- 2 **Depersonalization** means a tendency towards distancing oneself during interpersonal contact. In case of medical occupations, this might be manifested in loss of empathy, "labeling" patients and treating them as another "medical case".
- 3 **Reduced perception of personal accomplishment** manifests itself in a drop of an employee feeling of competence and efficiency [1].
- 4 Burnout among Physiotherapists was first investigated in Massachusetts in 1993 and then in Japan in 2002 and in Italy in 2006. They described the 3 main causes of burnout, overstrain and constant lack of time, lack of

independence and autonomy and inadequate pay.

A Portuguese study showed that Burnout among Family Physicians increased with the length of service in their profession. Studies from Lithuania and Argentina showed 20% doctors suffering from Emotional Exhaustion and 26% suffering from a high degree of Depersonalization [10]. A study on Prevalence of Burnout among Nurses in Spain indicated 62% Burnout [16].

Risk Factors for Burnout includes high work related demands, having little control over the outcomes of work, young age and female sex. Other important causes includes lack of autonomy , an excessive load of tasks and responsibility, lack of feedback on the roles one fulfills and lack of support and help from the employers .

Title

Prevalence of Burnout Syndrome in Among Physiotherapists in Jalgaon.

METHODOLOGY

1. **Study Design:** Observational study.
2. **Sample Size:** 100.
3. **Study Place:** Dr. Ulhas Patil College of Physiotherapy and other private Physiotherapy centres in Jalgaon district.
4. **Study Duration:** 1 year.
5. **Inclusion criteria**
 - a. Physiotherapists between the age 24 to 50 years.
 - b. Physiotherapists doing clinical practice for more than 1 year.
6. **Exclusion Criteria**
 - a. Physiotherapists who are not willing to participate in the survey.
 - b. Physiotherapists with less than 1 year clinical practice.

MATERIALS

1. Pen/Pencil
2. **Maslach Burnout Inventory Scale.** Its Validity is **0.72**.

STATISTICAL ANALYSIS

Table no 1 shows Prevalence of No. of Physiotherapists in Jalgaon according to AGE.

AGE	RESPONDENTS
<30	48
30-39	44
40-49	6
>49	2

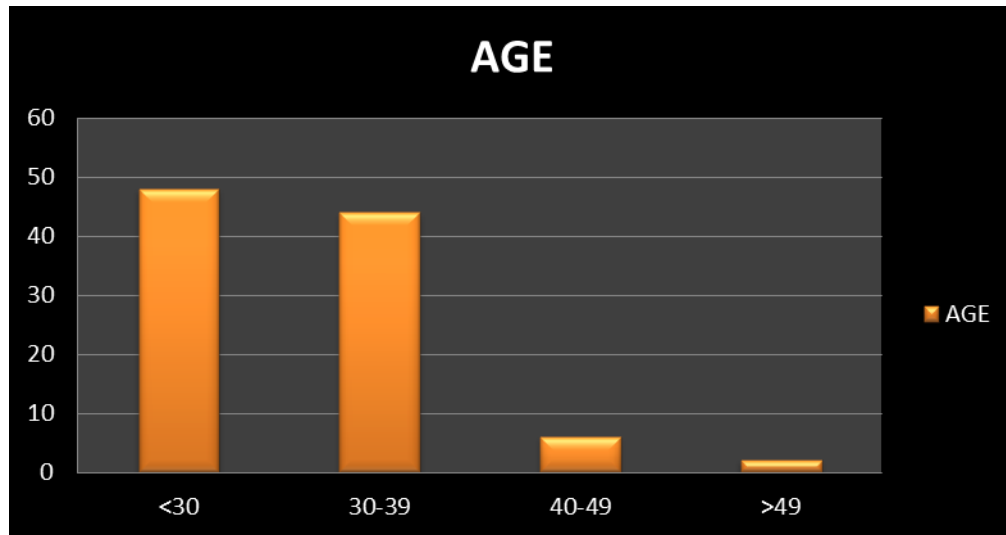


Table no. 2: shows Number of Years of Work Experience among Physiotherapists in Jalgaon.

WORK EXPERIENCE	RESPONDENTS
1-2 YEARS	26
3-5 YEARS	30
6-10 YEARS	22
>10 YEARS	20
>20 YEARS	2



Table no.3 shows Educational Qualification of Physiotherapists in Jalgaon.

LEVEL OF EDUCATION	RESPONDENTS
D.P.TH	2
B.P.TH	58
M.P.TH	40
P.hd	0

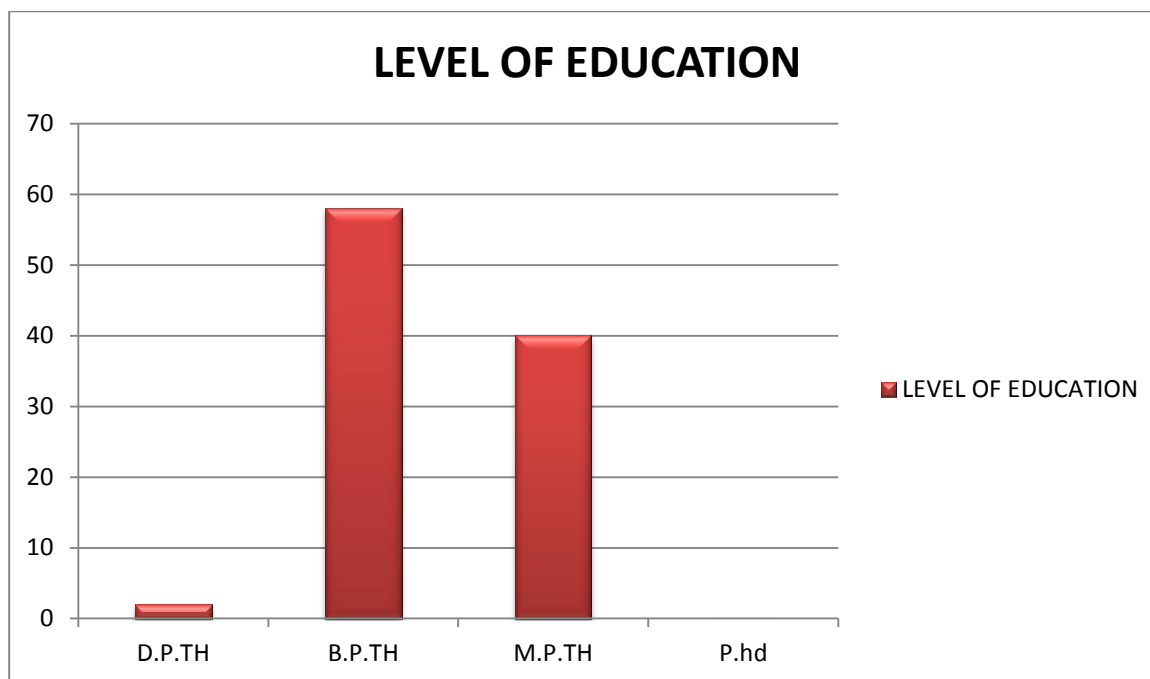


Table no.4 shows Occurrence of Somatic Symptoms due to Work in Physiotherapists.

SOMATIC SYMPTOMS	NO. OF RESPONDENTS
1.HEADACHE	62
2.I GET EASILY IRRITATED	54
3.I HAVE LOSS OR HAVE EXCESS OF APPETITE	4
4.SHOULDER OR NECK PAIN	82
5. HIGH BLOOD PRESSURE	0
6.CHEST PAIN	2
7.SLEEPING DIFICULTIES	7
8.I FEEL MENTALLY EXHAUSTED	70
9. I HAVE SEXUAL DIFICULTIES	0
10. I FEEL I HAVE LITTLE TIME FOR MYSELF	94
11. OVERALL FATIGUE	61
12. MINOR INFECTIONS	10
13. INCREASE THE USE OF ALCOHOL, CIGARETTES OR CHEMICAL SUBSTANCES	0
14. DIFICULTY WITH MEMORY AND CONCENTRATION	7
15.STOMACH PROBLEMS	0
16. ALLERGY PROBLEMS	14
17. CONTINUOS STATE OF SPEED	60
18. NOT FEEL LIKE STARTING ANYTHING	28

19. I LOOSE MY SENSE OF HUMOUR	19
20. I HAVE COLDS AND FLUE	0
21. I LOOSE THE SEX DRIVE	0

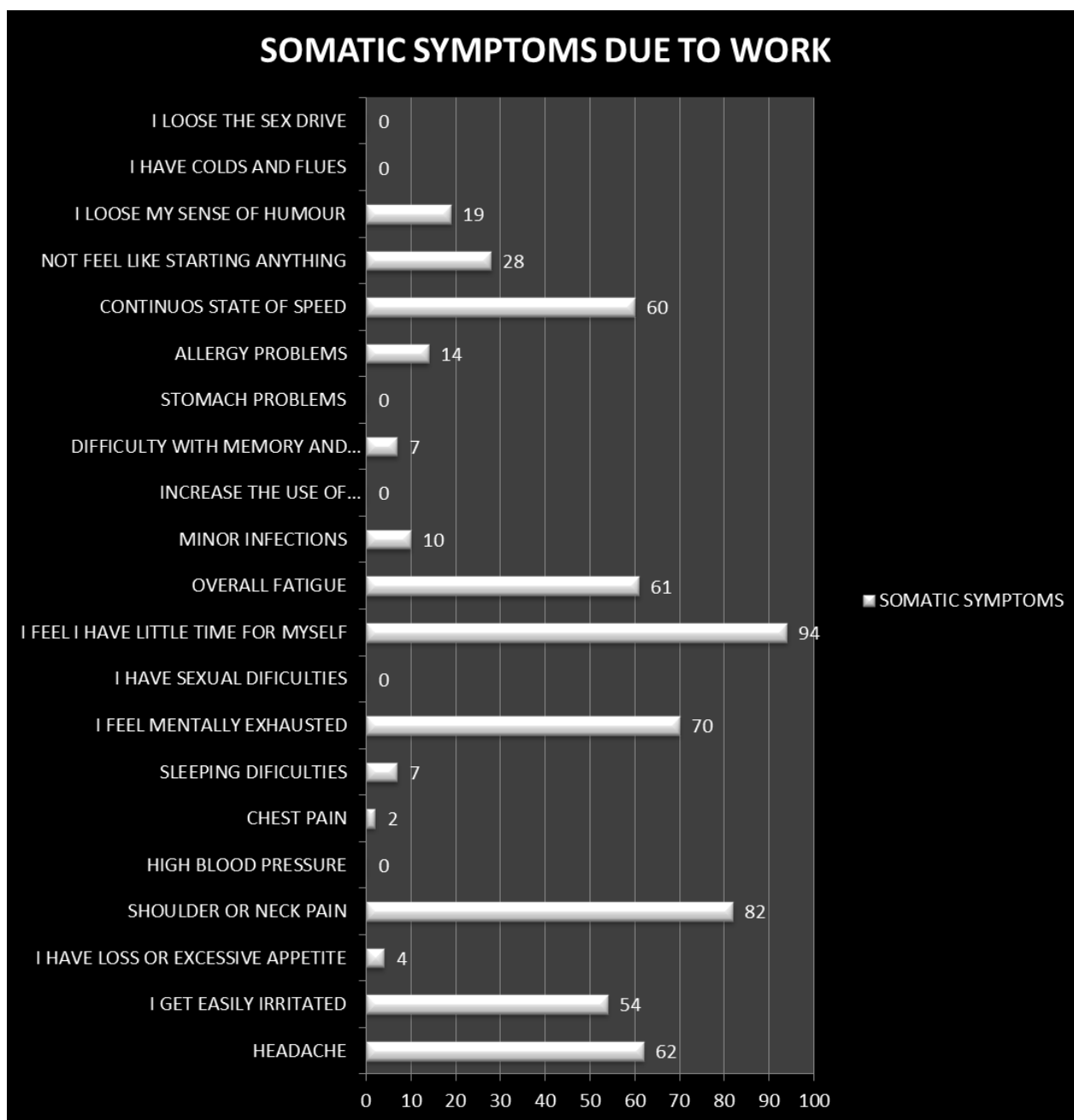


Table no.5 shows Prevalance of Burnout Syndrome with regards to indices of Maslach Burnout Inventory Scale.

Indices of MBI	Percentages
Emotional exhaustion (9 Ques)	63.%
Depersonalization (5 Ques)	7%
Reduced perception of personal accomplishment (8 Ques)	30%

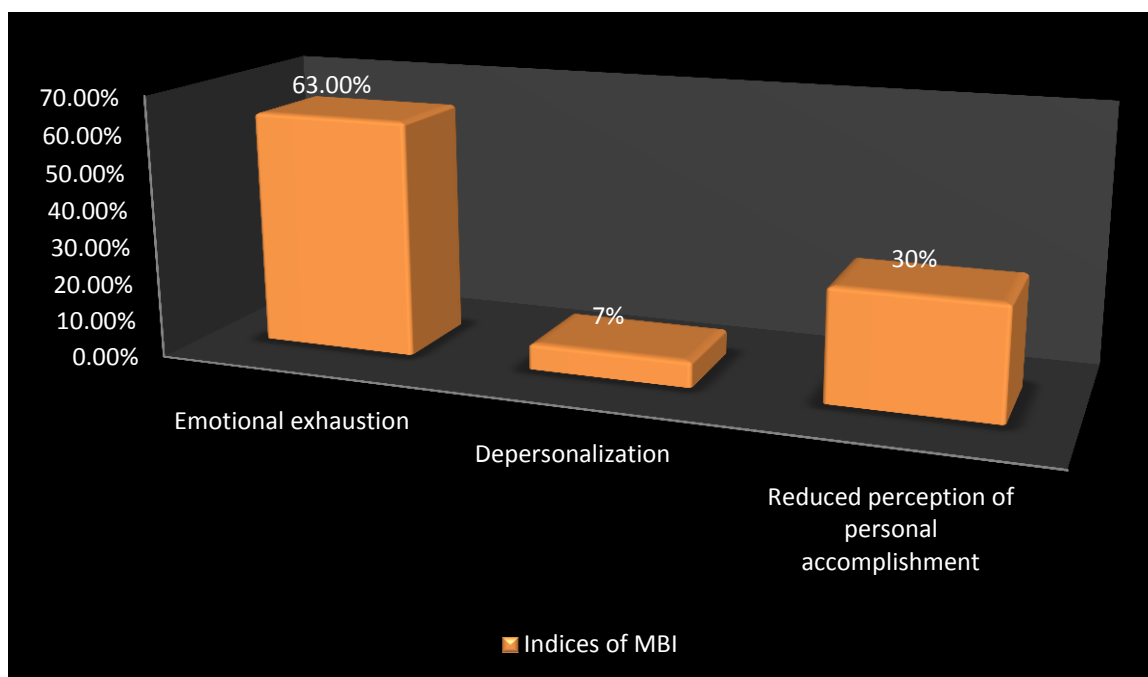
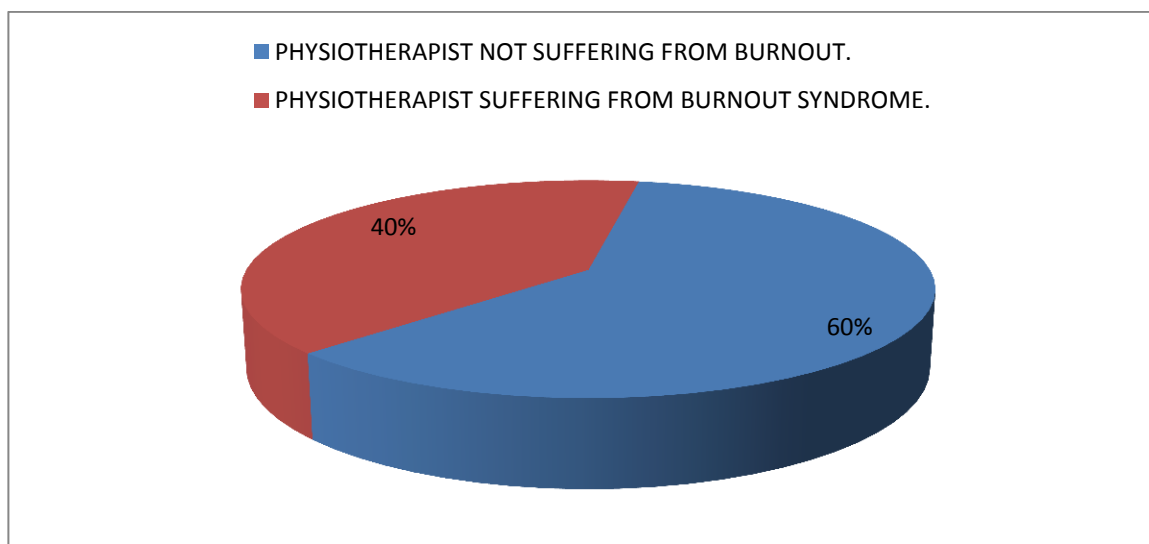


Table no.6 shows the Prevalance of Burnout Syndrome among Physiotherapists in Jalgaon.

PHYSIOTHERAPIST NOT SUFFERING FROM BURNOUT SYNDROME	PHYSIOTHERAPIST SUFFERING FROM BURNOUT SYNDROME
60%	40%



RESULT

During the survey, the Questionnaire proposed by Christina Maslach, consisting of 3 parts –

1. The Demographic data.
2. Somatic Symptoms due to Work.
3. Maslach Burnout Inventory Questionnaire.

Was distributed to 116 Physiotherapists, out of which 100 participated in the survey. The data was collected and Statistical Analysis was done.

A detailed specification of the studied group is presented in Table no.1 and Table no.2. The study group consisted of 100 Physiotherapists, aged between 24-64 years. The highest number of practicing Physiotherapists was found to be below

the age of 30 years. Very few Physiotherapists were found to be practicing above the age of 40 in Jalgaon.

The average length of service indicated a greater no. of Physiotherapists practicing for less than 15 years. According to the Data Analysis shown in Table no.3, it was seen that out of 100 practicing Physiotherapists, 58 were Undergraduates, 40 were Postgraduates and 2 were Diploma holders. The study also infers that the level of experienced Burnout was less in those with higher Qualification than the others. It can be assumed that well-educated professionals showing higher therapeutic skills show much more frequent satisfaction with the results of their work as they are employed at more responsible and better workplaces [1, 14].

Table no.4 presents the Somatic Symptoms experienced by Physiotherapists due to work. It is clearly seen that maximum number of Physiotherapists complained of the following common Somatic Symptoms-

1. Little Personal Time.
2. Shoulder or Neck pain.
3. Mental Exhaustion.
4. Headache.
5. Overall Fatigue

The Overall Prevalence of Burnout Syndrome among Physiotherapists in Jalgaon with regards to the Indices of **Maslach Burnout Inventory Scale** is explained in Table no.5 and Table no.6.

Table no.5 shows that 63% of Physiotherapists experienced **Emotional Exhaustion**, 30% experienced **Reduced Perception of Personal Accomplishment** whereas 7% Physiotherapists experienced **Depersonalization**. According to MBI indices, a high score in Emotional Exhaustion and Reduced Perception of Personal Accomplishment indicates Burnout whereas a low score in Depersonalization indicates Burnout.

Based on the above interpretations of the Indices of Maslach Burnout Inventory Scale, The Prevalence of Burnout Syndrome among Physiotherapists practicing in Jalgaon is found to be 40% which suggests Moderately High Burnout prevalence among Physiotherapists in Jalgaon.

DISCUSSION

The aim of the study was to evaluate the Prevalence of Burnout Syndrome among Physiotherapists in Jalgaon which is found to be 40%.

It is seen that the lack of a well-defined range of responsibilities and constant work overpressure contribute to Physiotherapists less frequently being satisfied with their work. The payment system is also a problem for Medical Professionals as it usually does not reflect the workload. In order to ensure an adequate standard of living, Physiotherapists often take on additional jobs, thus allotting limited personal time, family time and rest time.

Numerous surveys show that younger and less experienced workers are more at the risk of Professional Burnout. It indicates that experienced Physiotherapists experience greater satisfaction and less frequently identify with burnout [4].

With the increasing frequency of feelings of anxiety, stress, resentment and helplessness among physiotherapists, their health and mood deteriorate, immunity decreases and overall physical health is impaired. When exposed to stressful factors, individuals who have more frequently experienced positive emotions find it easier to cope with stressful situations and less frequently become depressive.

The daily work of a Physiotherapist puts considerable strain on the Psychological, Skeletal and Muscular Systems which leads to rise of somatic symptoms such as Little Personal Time, Shoulder or Neck pain, Mental Exhaustion, Headache, Overall Fatigue and creates a negative impact on the Physiotherapist. Constant strain, work overpressure, highly dedicated hours of working are considered to be the alleviators of Somatic Symptoms due to work.

In an overview, 40% Prevalence of Burnout Syndrome indicates that Physiotherapists are more likely getting affected by occupational stressors. However, it is difficult to establish a proper set method of Intervention for The Burnout Syndrome, because its causes and symptoms differ according to different individuals and environmental factors [2, 3]. Emotional Stress resulting from displeasure and irritability has been found to trigger Burnout. Recognition and Control of these emotions can be a means by which to avoid it. Being with positive

people can also be a motivational factor which can have effect and raise morale.

Complete removal of Burnout factor cannot be justified, as Health care professionals experience Personal Accomplishment and Satisfaction through positive interactions with their clients. As a coping strategy, being able to manage to continue one's work with less required effort and pace the physical and mental capabilities rather to give out 100% of one's energy, which leads to exhaustion in a very short time, would be a more satisfactory solution.

From the above facts, we can say that acquiring clinical experience and consequent improvement in one's competency can rule out Burnout. Counseling, as well as stress management strategies, can be a few strong supports for people who are already experiencing Burnout.

Some studies state that their respondents stated the necessity for developing an efficient system of departmental management, better technical prospective and time for record keeping. With this, there is also a need of proper time management and allotment to deal with the clients.

CONCLUSIONS

The study confirms that Physiotherapists, similarly to other employees in Health Services, may be exposed to Professional Burnout. It is

difficult to accurately estimate the severity of the Burnout Phenomenon. Therefore it seems necessary to carry out further investigations in order to recognize the Environmental and Psychological Determinants of this complex phenomenon on Physiotherapy professionals.

The future studies related to Burnout Syndrome are essential as they might have practical implications for the Isolation of the Physiotherapists threatened with Professional Burnout and implementation of prevention programs aimed at minimizing the threat of Burnout.

LIMITATION

1. The sample size taken was very small.
2. There were only few physiotherapist who perform managerial jobs, where as other physiotherapist worked at similar positions, regardless of the level of education.
3. The study does not compare Level of Burnout among different fields of physiotherapy practitioners such as between Musculoskeletal Therapists, Neuro Therapists, or Cardio-Respiratory Therapists.
4. There is also no comparison of Burnout Levels between MALES and FEMALES.

REFERENCES

- [1]. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Ann Rev Psychol.* 52, 2001, 397–422, <http://dx.doi.org/10.1146/annurev.psych.52.1.397>.
- [2]. Zhang Y, Feng X. The relationship between job satisfaction, burnout, and turnover intention among physicians from urban state-owned medical institutions in Hubei, China: A cross-sectional study. *BMC Health Serv Res.* 2011, 11:235.
- [3]. Scanlan JN, Still M. Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. *Aust Occup Ther J.* 60(5), 2013, 310–8.
- [4]. Balogun JA, Titiloye V, Balogun A, Oyeyemi A, Katz J. Prevalence and determinants of burnout among physical and occupational therapists. *J Allied Health.* 31(3), 2002, 131–9.
- [5]. Santos MC, Barros L, Carolino E. Occupational stress and coping resources in physiotherapists: A survey of physiotherapists in three general hospitals. *Physiotherapy.* 96(4), 2010, 303-10 <http://dx.doi.org/10.1016/j.physio.2010.03.001>.
- [6]. Park JR, Coombs C, Wilkinson AJ, Loan-Clark J, Arn- old J, Preston D. Attractiveness of physiotherapy in the 462 U. Pustulka-Piwnik et al. Nr 4. National Health Service as a career choice: Qualitative study. *Physiotherapy.* 89(10), 2003, 575–83, [http://dx.doi.org/10.1016/S0031-9406\(05\)60056-9](http://dx.doi.org/10.1016/S0031-9406(05)60056-9).
- [7]. Broom JP, Williams J. Occupational stress and neurological rehabilitation physiotherapists. *Physiotherapy.* 82(11), 1996, 606–14.

- [8]. Enberg B, Nordin C, Öhman A. Work experiences of novice occupational therapists and physiotherapists in public sector employment: Analyses using two occupational stress models. *Adv Physiother.* 12(1), 2010, 42–9.
- [9]. Li Calzi S, Farinelli M, Ercolani M, Alianti M, Manigrasso V, Taroni AM. Physical rehabilitation and burnout quantification of its: Different aspects of the syndrome and comparison between healthcare professionals involved. *Eur Med Phys.* 42(1), 2006, 27–36.
- [10]. Pavlakis A, Raftopoulos V, Theodorou M. Burnout syndrome in Cypriot physiotherapists: A national survey. *BMC Health Serv Res.* 10, 2010, 63, <http://dx.doi.org/10.1186/1472-6963-10-63>.
- [11]. Eivazi M, Alilou A, Fereidounnia S, Zaki Z. Factors associated with burnout syndrome in physiotherapy staff: A questionnaire study. *Health Med.* 7(1), 2013, 304–12.
- [12]. Fischer M, Mitsche M, Endler PC, Mesenholl-Strehler E, Lothaller H, Roth R. Burnout in physiotherapists: Use of clinical supervision and desire for emotional closeness or distance to clients. *Int J Ther Rehabil.* 20(11), 2013, 550–8.
- [13]. Martinussen M, Borgen PC, Richardsen A. Burnout and engagement among physiotherapists. *Int J Ther Rehabil.* 18(2), 2011, 80–8.
- [14]. Ogiwara S, Hayashi H. Burnout amongst physiotherapists in Ishikawa Prefecture. *J Phys Ther Sci.* 14(1), 2002, 7–13.
- [15]. Strzelecki Z, Błędowski P, Gałązka A, Nowak L, Kowalska I, Kurkiewicz J, et al. [The demographic situation of Poland. Report 2011–2012]. Warszawa 2012 [cited 2014]. Available from: <http://old.stat.gov.pl/Raport.pdf>. Polish.
- [16]. Lindsay R, Hanson L, Taylor M, McBurney H. Workplace stressors experienced by physiotherapists working in regional public hospitals. *Aust J Rural Health.* 16(4), 2008, 194–200. <http://dx.doi.org/10.1111/j.1440-1584.2008.00980.x>.
- [17]. Strulik H. Pensions and productivity: The economic impact of an ageing population. SCOOP Project: S.

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