Burnout Among Alberta Physiotherapists

A White Paper

Prepared for: Physiotherapy Alberta - College + Association
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Burnout among physiotherapists impacts the health and wellbeing of individual physiotherapists, gives rise to concerns about the quality and safety of patient care, and has the potential to negatively impact the profession. Individual physiotherapists, employers, health system leaders, and physiotherapy regulators must act to address the problem and reduce the risk of burnout to ensure a healthy physiotherapy workforce now and in the long term.

Introduction

Burnout is defined as “… a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity” (Maslach & Jackson, 1996). Due to the nature of their work providing care to patients within an increasingly demanding healthcare system, physiotherapists are at risk of burnout, and anecdotal evidence suggests that burnout is indeed a problem among physiotherapists. Burnout must therefore be considered as a possible factor when investigating patient complaints, disruptive workplace behaviour, employee absenteeism, presenteeism (attending work when sick or exhausted), and attrition (career change or early retirement).

Trends in healthcare workforce planning suggest that healthcare organizations will have difficulty maintaining sufficient staff to provide safe and effective care in the future due to changing patient and provider demographics (McMullin, Cooke & Downie, 2004). Staff shortages, absenteeism, and attrition can be both the result of burnout and can also aggravate burnout among physiotherapists. As a health regulator, Physiotherapy Alberta has a mandate to ensure the quality and safety of patient care provided by members. A key component of the effective delivery of quality care is the presence of a healthy and engaged workforce. To be proactive in addressing burnout and its related risk factors, and to identify possible strategies for preventing or reducing burnout, individuals, employers, and Physiotherapy Alberta first need to understand how common burnout is, and the experience of burnout among physiotherapists.

Background

The experience of burnout can be defined by its underlying elements: emotional exhaustion, depersonalization, and personal achievement (Maslach & Jackson, 1996). The concept of work engagement is also relevant and is considered the opposite of burnout (Schaufeli & Bakker, 2006). Individuals may demonstrate a high degree of burnout if they report high levels of emotional exhaustion and depersonalization and low levels of personal achievement (Maslach, Leitner & Jackson, 1996).

Although much is known about the phenomenon of burnout among nurses and physicians, there has been no research published on the prevalence or lived experience of burnout among physiotherapists in Canada. While there is some research related to burnout among physiotherapists in other countries, practice in other countries can be significantly different from that in Canada, and this limits the generalizability of non-Canadian research to physiotherapists in Alberta. By quantifying and qualifying the experience of burnout among Alberta physiotherapists, Physiotherapy Alberta seeks to understand the magnitude of the problem, to raise awareness of the issue, and to ultimately provide members with resources to help identify and manage burnout and reduce burnout risk.

Research

To explore the phenomenon of burnout among physiotherapists in Alberta, Physiotherapy Alberta conducted a cross-sectional survey of all members in 2016. The objectives of the survey were to determine how common burnout is, and to gather information about the symptoms and experience of burnout among physiotherapists. Physiotherapy Alberta also sought to identify the contributing and mitigating factors of burnout, and the strategies physiotherapists use to moderate their individual risk. The survey employed the Maslach Burnout Inventory-Human Services Scale (MBI-HSS), the Utrecht Work Engagement Scale (UWES-9) and qualitative questions. The Health Research Ethics Board of Alberta-Community Health Committee granted ethical approval for this research.
The Maslach Burnout Inventory (MBI) has been widely used and extensively validated for quantifying burnout (Maslach & Jackson, 1996). The MBI-HSS is used for those who are employed in occupations involving significant human contact, such as those in the health-care sector. The MBI-HSS consists of three subscales: emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA). Each subscale is scored individually; the subscales are not combined into an aggregate score. Established “low,” “average,” and “high” degrees of burnout cut scores were employed to interpret the results of this data. Information regarding the interpretation of the MBI-HSS can be found in Appendix A.

The concept of work engagement arose from research on burnout and can be considered “the positive antipode” to burnout (Schaufeli & Bakker, 2006). The nine-item Utrecht Work Engagement Scale (UWES-9) has good factorial validity. Its three subscales (vigor, dedication, and absorption) have been demonstrated to have good internal consistency and test-retest reliability. The creators of the scale have published cutoff scores and ranges reflecting “very low,” “low,” “average,” “high,” and “very high” degrees of work engagement which were employed to interpret the results of these data. Information regarding the interpretation of the UWES-9 can be found in Appendix A.

Research has demonstrated that burnout and work engagement are negatively correlated, with high scores on the UWES-9 vigor and dedication subscales correlating with low scores in emotional exhaustion and depersonalization on the MBI-HSS (Schaufeli & Bakker, 2003). However, researchers have recommended that both burnout and engagement be explored simultaneously, as the scales are not perfectly negatively correlated, and the absence of burnout does not necessarily mean an individual is engaged in their work, or vice-versa (Schaufeli & Bakker, 2003).

Research related to burnout’s contributing and mediating factors in health-care settings has revealed that burnout is multifactorial. Therefore, qualitative questions regarding Alberta physiotherapists’ lived experiences of burnout were included in the study.

Quantitative Results

A total of 201 survey responses (10.2% response rate) were analyzed. The sample mean scores for the emotional exhaustion (EE) and personal achievement (PA) subscales of the MBI-HSS fell within the range of “average degree of burnout,” and depersonalization (DP) scores fell within the “low degree of burnout” range (Table 1). The mean scores for the UWES-9 reflected an average degree of work engagement (Table 1).

<table>
<thead>
<tr>
<th></th>
<th>MBI-EE</th>
<th>MBI-DP</th>
<th>MBI-PA</th>
<th>UWES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>23.119</td>
<td>5.233</td>
<td>35.269</td>
<td>4.194</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>12.461</td>
<td>4.987</td>
<td>5.334</td>
<td>0.997</td>
</tr>
<tr>
<td>Median</td>
<td>23.000</td>
<td>4.000</td>
<td>37.000</td>
<td>4.333</td>
</tr>
</tbody>
</table>

Table 1: Mean, standard deviation, median and interquartile ranges

The large standard deviations reflected considerable variability in the study sample for all four results, with some individual respondents falling well within the high degree of burnout range for the EE and PA subscales of the MBI-HSS. This finding was further supported by the proportion of the study sample estimated to be at high risk for burnout based on individual scores for each element of the MBI-HSS and UWES score (Table 2).

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Proportion estimate</th>
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<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>0.373</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>0.095</td>
</tr>
<tr>
<td>Personal Achievement</td>
<td>0.174</td>
</tr>
<tr>
<td>2 in MBI</td>
<td>0.134</td>
</tr>
<tr>
<td>3 in MBI</td>
<td>0.075</td>
</tr>
<tr>
<td>UWES</td>
<td>0.144</td>
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Table 2: Estimated proportion of respondents demonstrating a high degree of burnout.
37.3% of survey respondents were estimated to demonstrate a high degree of burnout based on their EE subscale scores. 13% of survey respondents demonstrated a high degree of burnout based on their individual scores on two domains of the MBI-HSS, and 7.5% demonstrated high degree of burnout on all three domains of the MBI-HSS. 14% of respondents demonstrated a low to very low degree of work engagement.

The following associations were identified:

- **Age and experience:**
  - Respondents 61 years of age and older reported statistically significantly lower mean EE scores than respondents in other age categories.
  - Respondents 41 years of age or older had significantly lower mean DP scores than those in other age categories.
  - Respondents with more than 15 years of experience demonstrated significantly lower mean EE scores, after adjusting for age.
  - There was a decreasing trend in depersonalization scores (not statistically significant) with increasing experience.

- **Education:**
  - Respondents possessing MSc degrees had higher mean DP scores than those with BSc or “other” academic backgrounds.

- **Practice setting:**
  - Mean MBI subscale scores (EE, DP, PA) were not statistically significantly correlated to practice setting.
  - However, respondents from post-secondary education settings, private practice, and the unknown/not applicable/other practice setting categories demonstrated statistically significantly higher mean UWES-9 scores than respondents from other practice settings.

**Qualitative Findings**

The qualitative questions explored survey respondents’ observations of the signs, symptoms and experience of burnout in themselves and others, perceived causes of burnout, actions taken to prevent burnout, and how the patient population they treated and circumstances outside of work impacted burnout.

![Figure 1: Basic themes arising from physiotherapists' own experience of burnout.](visual-representations-of-the-basic-themes-arising-from-each-of-the-qualitative-questions-can-be-found-in-appendix-b.)
The most commonly reported symptoms of burnout related to fatigue and exhaustion. Furthermore, when asked about their observations of burnout in others, respondents identified similar characteristics to those they identified in themselves when experiencing burnout.

Respondents identified many perceived work-related causes of burnout including work overload, unrealistic expectations, lack of recognition from management, and client demands. Several of the perceived causes of burnout related to management and leadership within the workplace. Other factors, such as financial and marital issues, and caregiving for family members, were also perceived as causes of burnout. When asked about burnout prevention, the strategies identified were largely focused on activities and actions external to work, such as maintaining a healthy lifestyle, and the importance of social relationships. Within the work environment, flexible hours, career change, positive workplace relationships, and continuing education were perceived to help prevent burnout.

The survey responses provided a wealth of qualitative data, which were analyzed and classified into two global themes:

- Workplace: Burnout is affected by the workplace and the interplay between work context, the patient or client, and the individual physiotherapist (Figure 2).
- The Burnout continuum: The manifestations of burnout are affected by the interplay between the contributing factors to and those preventive of burnout (Figure 3).

Discussion

The study response rate was less than desired; therefore, the findings must be interpreted with caution and may not be generalizable. However, several of the findings from the study are consistent with the published literature. For example, research reports EE scores ranging from 21.1% (Pavlakis et al., 2010) to 58% (Balogun et al., 2002), and PA scores ranging from 14% (Fischer et al., 2013) to 18.7% (Alameddine et al., 2012) as compared with 37% and 17% respectively in this study. Although the survey results suggest that Alberta physiotherapists demonstrate an average degree of burnout, there is cause for concern due to the proportion of survey respondents demonstrating a high degree of emotional exhaustion. Past research has demonstrated that high levels of EE can be a precursor for the development of burnout as measured by other MBI-HSS subscales (Maslach et al., 2001).

The quantitative findings are echoed by the qualitative findings which demonstrate a significant number of burnout manifestations related to fatigue and exhaustion, giving further cause for concern. The qualitative findings of this study are similar to published research in identifying a number of work factors (managerial support and recognition, bullying and communication, job control and resources), patient factors, and personal factors (social supports, personality traits, gender, age and education), which impact the experience of burnout. The qualitative findings also provide a framework for understanding the experience of burnout as one in which an individual’s demonstrated manifestation of burnout is the result of an interaction between the factors contributing to, and those that are preventative of burnout.
Solutions
The experience of burnout can be understood as an interaction between the negative experience of burnout and the positive experience of engagement, as described by Maslach et al. (2012). Although evidence-based solutions for the problem of burnout are lacking (Maslach & Leitner, 2015), and interventions that have been studied appear context-specific, Physiotherapy Alberta, employers, and individuals can act to address burnout by employing a two-pronged approach: address contributing factors to burnout, and act to achieve increased work engagement.

As stated by Maslach et al. (2001), “managerial interventions are necessary... but are insufficient unless educational interventions convey the requisite individual skills and attitudes. Neither changing the setting nor changing the individual is enough.” Strategies can and should be applied to both the workplace and the individual.

Recommendations for employer actions include:
• seek training to ensure there is early recognition of symptoms of burnout in employees
• improve communication and employee engagement
• address flexibility in work hours
• provide authentic, frequent, and appropriate recognition
• provide access to professional development
• conduct open discussions about burnout in the workplace
• empower employees to identify signs of burnout and act on them
• engage in collaborative problem solving with employees to find solutions that may reduce or prevent burnout
• provide resources to employees who work with patient populations requiring a high emotional presence
• assess organizational culture to ensure employees perceive it to be supportive
• provide team training to improve collaboration and support between colleagues

Recommendations for individual actions include:
• seek resources and training to ensure early recognition of symptoms of burnout in yourself and others
• work towards attaining a healthy lifestyle and achieving a realistic work-life balance
• make career and lifestyle choices appropriate to you, your values, and your preferences
• access help to minimize stressors at work and at home
• seek referral to a mental health specialist if necessary
• establish and re-establish personal boundaries with patients and families
• identify expectations with patients and families

Conclusion
Burnout is a significant workplace health and safety issue. This research has revealed a significant proportion of Physiotherapy Alberta members are at risk of, or are demonstrating early signs of burnout. Physiotherapists and physiotherapy employers need to take action to address the problem to avoid the negative outcomes of patient complaints, patient safety incidents, absenteeism, and attrition related to burnout. Physiotherapy Alberta has a role to play in increasing awareness of the problem among members and providing resources to support improvement efforts of individuals and employers.
References


Appendix A: Interpretation of MBI-HSS and UWES-9 Scores

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS), measures three components of burnout: emotional exhaustion, depersonalization, and personal achievement (Maslach & Jackson, 1996). Table 3 describes the categorization of MBI scores in the normative sample.

<table>
<thead>
<tr>
<th>MBI Subscales</th>
<th>Low degree of burnout (lower third)</th>
<th>Average degree of burnout (middle third)</th>
<th>High degree of burnout (upper third)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE</td>
<td>≤16</td>
<td>17-26</td>
<td>≥27</td>
</tr>
<tr>
<td>DP</td>
<td>≤6</td>
<td>7-12</td>
<td>≥13</td>
</tr>
<tr>
<td>PA</td>
<td>≥39</td>
<td>38-32</td>
<td>≤31</td>
</tr>
</tbody>
</table>

Table 3: Categorization of MBI scores in normative sample

The Utrecht Work and Well-Being Survey (UWES-9) measures the level of work engagement. The UWES-9 is essentially the opposite of the MBI, and uses positive statements to evaluate work engagement. Engagement is described as “a positive, fulfilling, work-related state of mind” characterized by three constructs: vigor, dedication, and absorption. (Schaufeli & Bakker, 2010; Schaufeli & Bakker, 2003; Schaufeli et al., 2002). Table 4 describes the categorization of UWES-9 overall scores in the normative sample (Schaufeli & Bakker, 2003).

<table>
<thead>
<tr>
<th>Degree of Work Engagement</th>
<th>Very Low</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>UWES-9 total score</td>
<td>≤1.77</td>
<td>1.78-2.88</td>
<td>2.89-4.66</td>
<td>4.67-5.50</td>
<td>≥5.51</td>
</tr>
</tbody>
</table>

Table 4: Categorization of UWES-9 overall scores in normative sample
Appendix B: Visual Representations of Qualitative Results (Basic Themes)

**Question 1: If you have experienced burnout yourself, how did it manifest itself?**

![Figure 4: Basic themes arising from physiotherapists' own experience of burnout](image)

By far, the most common manifestations of burnout noted were those related to fatigue and exhaustion. Other common manifestations related to physical and mental health concerns. Burnout observed in others demonstrated similar manifestations including exhaustion, increased sick leave, and mental health/behavioural concerns.

**Question 2: If you have witnessed burnout in your colleagues, what did you observe?**

![Figure 5: Basic themes arising from physiotherapists witnessing burnout in colleagues](image)
There were several principal perceived causes of burnout, many of which related to work and working conditions. The influence of management and management style on burnout was a strong theme in the responses. Secondary causes of burnout included external stressors such as family issues, unrealistic expectations of self, poor work-life balance, poor self-care, and lack of control over one’s work.

**Question 4: What do you do to prevent burnout in yourself?**

While prevention strategies were represented both inside and outside the workplace, most responses related more to external activities.
**Question 5: Does your life outside the workplace affect the potential for burnout?**

The influence of life outside work was noted in responses to several questions; however, in response to this question it was reported that negative experiences outside work decreased the individual’s ability to cope at work, and thereby contributed to burnout.

**Question 6: Does the patient population you treat affect the potential for burnout?**

The impact of patient population on the experience of burnout appeared to relate to the emotional strain experienced when demands are high and resources low, to the experience of loss and grief when working in areas such as palliative care, and to social and financial challenges when working with vulnerable populations.