Burnout in recently qualified physiotherapists in South Australia

Burnout has been shown to be present in experienced physiotherapists and other health professionals, but the prevalence in recently graduated physiotherapists has not been established. This study used the Maslach Burnout Inventory to determine the prevalence of burnout in physiotherapists working in South Australia who had been qualified for less than five years. Sixty per cent of subjects were found to have moderate to high levels of emotional exhaustion, the key characteristic of burnout. High or moderate depersonalisation were recorded by 44 per cent of subjects. These levels were higher than those found in experienced physiotherapists (Solowij 1992). Burnout is related to attrition from the profession, absenteeism and reduced quality of care for patients, as well as physical and psychological symptoms.

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Burnout is a negative psychological experience involving feelings, attitudes and expectations, which commonly results in cynicism, loss of personal accomplishment and depersonalisation (Maslach and Jackson 1981, Paine 1982). Burnout develops when an individual is exposed to chronic stressors and frustration which exceed their tolerance and mechanisms for coping (Paine 1982, Rogers and Dodson 1988). The possible signs and symptoms of burnout were summarised by Roberts (1986) and include emotional, behavioural, physical and cognitive aspects. Common symptoms and signs include loss of humour, a persistent sense of failure, anger, resentment and bitterness. Those experiencing burnout tend to postpone contact with patients, feel tired all day long and make increased use of sick leave. They become rigid in their thinking and have difficulty with concentration.

Burnout is a syndrome which is encountered frequently among human service workers, as a result of the chronic stress and the emotionally draining aspects of their work (Cherniss 1980, Maslach and Jackson 1986). The consequences of burnout may be low morale, absenteeism, job turnover and a reduction in the quality of care provided to clients (Maslach and Jackson 1986, Moss 1989, Robinson 1991). Physical exhaustion and illness, marital and family problems may also result from burnout (Maslach and Jackson 1986).

Maslach and Jackson (1981) proposed that burnout is characterised by three components:

1. Emotional exhaustion: An inability to cope at a psychological level. This is the key aspect of burnout.

2. Depersonalisation: The development of negative and cynical attitudes towards clients, causing them to seem less than human.

3. Lack of personal accomplishment: The tendency to negativity with regard to achievements with clients.

Maslach and Jackson (1981) developed the Maslach Burnout Inventory (MBI) to assess the burnout syndrome. The MBI consists of 22 statements about experiences. Respondents are asked to indicate the frequency with which they encounter these feelings. For example, a statement might be “I feel used up at the end of the work day”, and responses may vary from “never” indicated by a zero, through to “every day”, indicated by a six. These statements are designed to examine the three aspects of burnout in human service workers. Each aspect is measured by a different sub-scale, so each respondent receives scores for emotional exhaustion, depersonalisation and lack of personal accomplishment. These scores are not combined, because the relationship...
between them has not been clarified. The MBI is the commonly accepted tool for the measurement of burnout (Lee and Ashforth 1990, Maslach and Jackson 1986, Rogers and Dodson 1988). Burnout scores are classified as low, moderate or high according to ranges specified in the MBI manual (Maslach and Jackson 1986). A high level of burnout is reflected in high scores for emotional exhaustion and depersonalisation and low personal accomplishment scores. Maslach and Jackson (1986) showed the MBI to be a valid and reliable instrument for the measurement of burnout.

Not all human services workers develop burnout. Factors such as personal characteristics, work experiences and life outside work interact to produce burnout (Cherniss 1980). Those prone to burnout are sensitive, empathic, humane, dedicated, idealistic and people oriented (Farber 1983, Williams 1989).

Very little work has been undertaken to investigate the prevalence of burnout in the physiotherapy profession. Schuster et al (1984) surveyed 176 physical therapists in the USA and found that 53 per cent believed they were experiencing burnout. Therapists working in acute care hospitals and with five to nine years of experience were more likely to report feelings of burnout. Solowij (1992) based sample selection on the findings of Schuster et al (1984) and investigated the incidence of burnout in physiotherapists working in South Australia with more than five years of experience. Thirty-five per cent of subjects were found to have moderate to high levels of emotional exhaustion, a key component of burnout (Maslach and Jackson 1981). Studies by Arbon (1988) and Maslach and Jackson (1986) indicate that burnout may be more prevalent in newly graduated health professionals, thus the aims of the current study were to establish the incidence of burnout in physiotherapists with less than five years of experience, working in South Australia. Relationships among demographic variables, specific work stressors and the incidence of burnout in the sample selected were the subject of examination.

Method

Physiotherapists who had graduated in the last five years were identified from student lists. Of the 297 new graduates, 122 were contactable and were posted a questionnaire with the following sections:

Demographic section: contained 17 questions about demographic characteristics, including questions on gender, age, marital status, education and work history.

Stressors section: contained eight questions about how stressful subjects found work stressors such as interacting with co-workers, difficult clients and running a business.

Maslach Burnout Inventory:

A covering letter of introduction and explanation was included. It did not mention the term burnout, as Maslach and Jackson (1986) have suggested that use of the term is a potential source of bias. Subjects were sent a follow-up questionnaire if no response was received within a month.

Results

Eighty-one completed questionnaires were returned, along with 10 returned due to change of address. This gave a response rate of 72 per cent from contactable subjects. Twelve respondents were excluded on the basis of inadequate work experience (working less than 75 per cent of the time since graduation), and three did not reply to the MBI section. Thus 66 completed questionnaires were used for analysis (60 per cent of the 110 eligible respondents).

Forty-four respondents were female, and 22 were male. The mean age was 26.3 years, with a range from 22 to 44 years. Forty-one subjects had never married and only six had any children. Two of the subjects had a Master’s degree, the rest had a Bachelor’s degree in physiotherapy. Fifty-seven subjects worked in the Adelaide metropolitan area. Four and five subjects worked in major and small country towns respectively. Forty-two of the subjects worked in a public hospital and 37 worked in private practice. Many subjects worked part time in both private and public settings. Most of the physiotherapists reported spending at least 70 per cent of their working time in direct patient care.

The burnout scores for the subjects in this study are shown in Table 1. Forty subjects (60 per cent) recorded moderate or high emotional exhaustion, making this the most prevalent burnout characteristic in these subjects. Twenty-nine subjects recorded moderate to high depersonalisation. Personal accomplishment was high, with only six per cent of subjects scoring low levels in this area.

In this study, no significant relationships were found between demographic characteristics or work history and levels of burnout. However, some interesting trends were evident, such as higher emotional exhaustion in divorced or widowed females and higher levels of burnout in physiotherapists employed in public hospitals and domiciliary care positions or nursing homes.

Most respondents thought that physiotherapy was a moderately to very stressful occupation. Factors cited as being very stressful included running a business, interacting with difficult clients, dealing with unrealistic expectations, being alone when making decisions, a feeling of having too much to do, being responsible for another person’s wellbeing, lack of feedback on performance, difficulty finding permanent work and having a heavy workload.

Discussion

Emotional exhaustion was the most prominent burnout characteristic demonstrated in the subjects in this study. Moderate depersonalisation was noted. However, quite high personal accomplishment scores were recorded.
Solowij (1992), in her study of physiotherapists working for more than five years, found an incidence of 12 per cent high emotional exhaustion, 25 per cent high de-personalisation and 57 per cent low personal accomplishment. The current study showed higher levels of emotional exhaustion and de-personalisation than those reported by Solowij (1992), suggesting that more recently graduated physiotherapists experience more burnout than those with a longer work history. Emotional exhaustion is considered by Maslach and Jackson (1986) and Van Der Ploeg (1990) to be the key aspect of burnout. The personal accomplishment scores of the current subjects indicated a lower level of burnout than demonstrated in the subjects studied by Solowij (1992). This suggests that new graduates find most patients interesting and challenging, but that this interest is lost in the more experienced therapists.

Factors other than work experience may have accounted for some of the higher burnout incidence in this sample compared with the more experienced physiotherapists studied by Solowij (1992). The higher levels of burnout in this sample by comparison with that found by Solowij (1992) may be explained to some extent by the different demographic characteristics of the samples. In the current study, 36 per cent of subjects were either married or living in a de facto relationship, compared with 70 per cent in the study reported by Solowij (1992). The emotional support provided by such relationships may help subjects to cope with work stresses and so experience less burnout. As this study included subjects who had five years of experience or less, it is likely that they were younger than subjects included by Solowij (1992), and therefore less likely to be married or to have developed stable relationships. Whether the support offered by such relationships accounted for the lower levels of burnout in the more experienced therapists, or whether professional maturity was responsible, cannot be determined.

Women, on average, report more emotional exhaustion than men (Ettison 1984, Van Der Ploeg et al 1990). In the current study, females comprised two-thirds of the sample, whereas females represented 85 per cent of the sample used by Solowij (1992). Thus levels of emotional exhaustion may be underestimated in the current study.

It appears that higher levels of burnout are present in recently graduated physiotherapists than in those graduated for more than five years. The burnout experienced by recently qualified physiotherapists may result in attrition from the profession, a reduction in the quality of care given to patients, absenteeism and physical or psychological illness in physiotherapists (Maslach and Jackson 1986, Moss 1989, Robinson 1991). No statistics are available on the reasons why recently graduated physiotherapists leave the profession, but burnout may be postulated as a cause, given the levels recorded in this study. The impact of burnout on the quality of care provided by physiotherapists is difficult to measure but should be of concern to the profession.

The stressors listed by subjects supported previous findings by Deckard and Present (1989) and Mottram and Flin (1988), who found that overload, work relationships, goal setting, role conflict and role ambiguity were the main stressors. The current economic climate may have been responsible for such additional stressors as the difficulty in finding permanent work and increasing workload.

It appears that the recently graduated physiotherapist is at risk of developing burnout. Methods of combating or preventing burnout have not been fully evaluated, but an awareness of the problem is the first step in overcoming it. Ceslowitz (1989) suggested that planned problem solving, rather than escape and avoidance, in response to stressful situations was a factor in preventing burnout. The stressors identified by the subjects in this study may give some direction in attempts to prevent or overcome burnout. Ettison (1984) noted an inverse relationship between burnout and the amount of social support available. Thus support networks for those experiencing symptoms of burnout may be of assistance in preventing the consequences.

**Conclusion**

Burnout is present amongst physiotherapists who have been working in South Australia for five years or less. It appears that the levels of burnout are higher in those who have recently graduated than in those...
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who have been working for more than five years. As burnout may result in a reduction in the quality of care given to patients, and psychological or physical illness in the physiotherapists, some consideration should be given to methods of preventing the burnout syndrome.

References