

Burnout Among Physical Therapists

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Burnout results in a decrease in job performance because of excessive work-related stress. This study assessed the presence of burnout among physical therapists and determined if potential organizational and personal causes of burnout could predict symptoms of burnout. One hundred and sixty therapists surveyed nationwide met the established criteria for inclusion in the study; 84 (53%) stated that they were currently experiencing feelings of burnout. Subjects were asked to respond to the frequency of their symptoms of burnout and the relevancy of the list of potential causes. A standard multiple regression equation was completed on each of the five dependent variables (symptoms) predicted by the eight potential causes of burnout, four of which were organizational in nature and four of which were personal in nature. Four out of the five symptoms of burnout were significantly predicted by different potential causes. Burnout experienced by physical therapists can have a detrimental effect on patients, therapists, and the facilities in which they are employed.

Key Words: *Occupational stress, Organization and administration, Physical therapy.*

In the workplace, short-term coping mechanisms are used to reduce stress temporarily, but over long periods of time, these can adversely affect the worker.¹ The normality or abnormality of reactions to stress depends on the coping mechanisms the person develops.² One coping mechanism that can result in long-term adverse reactions is called burnout. Burnout occurs when people have reached a state of physical and mental exhaustion leading to a loss of energy, a drawing away from their jobs, a gradual loss of productivity, and a decrease in caring about their jobs.³

Burnout has many definitions. Webster's dictionary defines it as a verb meaning "to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources."⁴ Others have defined burnout as a "painful debilitating response to work pressures."⁵ In the health professions, Wolfe defined burnout as the experience of emotional and physical exhaustion together with strong feelings of frustration and failure.⁶ The individual demonstrates negative attitudes by a loss of concern for the patient and a withdrawal from work.

Mattingly stated that people who are suffering from burnout might feel overwhelmed by the situation and unable to cope with it.^{5,7} Such people may begin to question what they are doing and whether they are able to perform up to the employer's expectations. Reed described burnout workers who

showed poor acceptance of coworkers who did not strive to achieve the best for their clients.⁸ The literature suggests that burnout might be exhibited in many ways: increased absenteeism, physical ailments, and rapid turnover in staff. All these factors can affect the efficient operation of an institution.⁸ If burnout is allowed to continue, it can result in a dangerous situation for the worker and those worked with.⁹

Members of many professions experience burnout. Discussing burnout in teachers, Reed stated that although burnout is not new in teaching, the frequency of teacher burnout is increasing.⁸ The National Education Association reported that greater numbers of teachers are leaving their careers earlier. In child-care social workers, burnout is also very prevalent. As Mattingly reported in an article on stress and burnout in child-care workers, many qualified workers leave the field or lose their effectiveness because of job-related physical and emotional stress.⁷ Burnout can cause the case workers to feel inadequate for the jobs that confront them, and they may not share their feelings of inadequacies with their coworkers until a long period has passed.⁷

In addition to teachers and child-care workers, health-care professionals also experience burnout to an increasing degree.⁵ Burnout among nurses has been addressed in an abundance of literature. Typical problems such as low salaries, poor hours, inflexible schedules, and low prestige have all been cited as possibly influencing burnout in nurses.¹⁰

Studying burnout among occupational therapists, Quisling developed a "burnout inventory" relating administrative, organizational, and personal characteristics to a perceived level of burnout.⁴ The study sample included 428 occupational therapists residing in the northeastern United States. The results showed that burnout symptoms are interrelated, and that as the level of burnout increases, so does the frequency of symptoms reported. Burnout was present in the majority of occupational therapists sampled and was most frequently associated with "decreased self-worth, morale changes, loss of meaning, and thoughts of job change."⁴

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RESULTS

Subjects

One hundred ninety-six (78%) of the questionnaires were returned. One hundred-sixty (82%) of the respondents met the established criteria for employment. Of the subjects in the specified criteria group, 84 (53%) subjects felt that they were currently experiencing symptoms of burnout and completed the remainder of the questionnaire. The mean age of those experiencing burnout was 32 years, with a standard deviation of 7.7 and a range from 23 years to 58 years of age; 65 percent were women and 35 percent were men. The mean age of those in the employment criteria group but not experiencing burnout ($n = 76$) was 33 years, with a standard deviation of 8.78 and a range of 23 years to 58 years of age; 62 percent were women and 38 percent were men.

The most frequent self-categorizations of the burnout group were as follows: they had been physical therapists for five years to nine years ($n = 29$), they had spent five or more years at one job ($n = 33$), and they were currently working in direct patient care treating 10 or more patients a day ($n = 55$). As with the burnout group, the nonburnout group who met the other criteria for inclusion most frequently had been physical therapists for five years to nine years ($n = 31$), spent five or more years at one job ($n = 33$), and were involved in direct patient-care treating 10 or more patients a day ($n = 43$).

The primary type of facility where the burnout group worked was an acute-care general hospital ($n = 41$). Twenty-two of the nonburnout criteria group worked in acute-care general hospitals, 22 worked in private practice, and 21 worked in all the other settings combined. Chi-square analysis indicates that these proportions are significantly different from the proportions of the burnout group ($\chi^2 = 8.3$, $df = 2$, $p < .05$).

Relationship of Symptoms to Cause

Negative attitudes toward others in the workplace. Lack of professional sharing and feedback and lack of faith in supervisors were significant predictors of this dependent variable even after all the other variables were considered (Tab. 1). A unique inverse relationship was found in the variable of overwork. In other words, lack of overwork predicted burnout. When all of the potential causes of burnout in the multiple regression equation were combined, the eight variables were significant predictors of this dependent variable.

Physical and psychological reactions. On an individual basis, there were no individual significant predictors of burnout after all the other variables were considered (Tab. 2). When all the potential causes of burnout in the multiple regression equation were combined, the eight independent variables were significant predictors of this dependent variable.

Dissatisfaction with the workplace. Organizational dysfunctions and low self-esteem were significant predictors of this dependent variable even after all the other variables were considered (Tab. 3). When all of the potential causes of burnout in the multiple regression equation were combined, the eight variables were significant predictors of this dependent variable.

Redirection of interests away from the workplace. The factor of excessive demands was a significant predictor of this

TABLE 2
Predictors of Physical/Psychological Reactions

Variable	B	β	SE of B	F
Poor professional preparation	0.20	0.21	0.13	2.41
Lack of sharing and feedback	-0.10	-0.14	0.10	1.10
Organizational dysfunctions	-0.44	-0.05	0.12	0.13
Excessive demands	0.18	0.20	0.10	3.53
Perfectionistic concerns	0.20	0.19	0.12	2.40
Overwork	0.15	0.00	0.12	0.00
Lack of faith in superiors	0.22	0.22	0.12	3.32
Low self-esteem	0.17	0.17	0.13	1.69
(constant)	0.24			
Analysis of variance	<i>df</i>	SS	MS	F
Regression	8	18.30	2.28	6.67 ^a
Residual	69	23.65	0.34	
$R = 0.66$				
$R^2 = 0.44$				
Adjusted $R^2 = 0.37$				
SE = 0.59				

^a $p < .01$.

dependent variable even after all the other variables were considered (Tab. 4). When all of the potential causes of burnout in the multiple regression equation were combined, the eight variables were significant predictors of this dependent variable.

Avoidance responses. No significant indicators were found for avoidance response either by combining all eight potential causes of burnout or on an individual basis after all the other variables were considered (Tab. 5).

TABLE 3
Predictors of Dissatisfaction with the Workplace

Variable	B	β	SE of B	F
Poor professional preparation	0.15	0.14	0.14	1.12
Lack of sharing and feedback	0.11	0.13	0.11	0.96
Organizational dysfunctions	0.36	0.39	0.13	7.62 ^a
Excessive demands	-0.79	-0.08	0.11	0.57
Perfectionistic concerns	-0.83	-0.07	0.14	0.34
Overwork	-0.20	-0.16	0.13	2.45
Lack of faith in superiors	0.43	0.04	0.13	0.11
Low self-esteem	0.32	0.28	0.15	4.67 ^b
(constant)	0.93			
Analysis of variance	<i>df</i>	SS	MS	F
Regression	8	25.51	3.19	7.73 ^a
Residual	69	28.47	0.41	
$R = 0.69$				
$R^2 = 0.47$				
Adjusted $R^2 = 0.41$				
SE = 0.64				

^a $p < .01$.

^b $p < .05$.

TABLE 4
Predictors of Redirection of Interests Away from the Workplace

Variable	B	β	SE of B	F
Poor professional preparation	0.12	0.15	0.12	0.99
Lack of sharing and feedback	-0.16	-0.27	0.09	3.10
Organizational dysfunctions	0.19	0.28	0.11	2.91
Excessive demands	0.19	0.26	0.09	4.73 ^a
Perfectionistic concerns	0.16	0.18	0.12	1.71
Overwork	-0.10	-0.11	0.11	0.91
Lack of faith in superiors	0.68	0.01	0.11	0.00
Low self-esteem	0.83	0.10	0.12	0.45
(constant)	1.21			
Analysis of variance	<i>df</i>	SS	MS	F
Regression	8	8.77	1.10	3.73 ^b
Residual	69	20.26	0.29	

R = 0.55
R² = 0.30
Adjusted R² = 0.22
SE = 0.54

^a p < .05.

^b p < .01.

DISCUSSION

Incidence and Demographics of Burnout

Of the subjects meeting the employment criteria, over one-half (53%) identified themselves as experiencing current feelings of burnout. This large response demonstrates that burnout is a problem that has important implications within the physical therapy profession. The subjects feeling burnout were similar to those not feeling burnout in terms of age, experience, and number of patients treated a day, but they were not similar in terms of type of workplace. A greater number of the nonburnout group were working in private practice. We concluded that the type of facility in which a person works may affect the potential for experiencing symptoms of burnout.

Predicting the Cause of Burnout

In this study, different symptoms of burnout tended to be predicted by different potential causes of burnout. Some symptoms were only predicted by a combination of potential causes; other symptoms had highly significant individual indicators; and other symptoms were predicted both by the combination of potential causes and by individual factors. As Cherniss stated, burnout is not related to one potential cause but can be attributed to a variety of sources contributing to a variety of symptoms.¹³

The symptom of negative attitudes toward others in the workplace is strongly predicted by a lack of professional sharing and feedback and a lack of faith in one's supervisors. According to Scully, nurses are also faced with a lack of professional sharing and a lack of faith in the organization's leadership.¹⁴ Scully suggested that nurses often must direct their energies toward satisfying physicians' needs rather than striving to achieve the best for their patients and that these

factors often result in negative attitudes among nurses. Forsyth and Camady state that appropriate feedback and discussion sessions among supervisors and nurses allows nurses to feel as though they have a voice in important matters within the facility.¹⁵ Like nurses, physical therapists must be able to share thoughts and concerns with peers. Mechanisms should exist for therapists to seek suggestions from coworkers in unusual patient treatment situations. To maintain a professional attitude among the staff about their jobs, a facility must establish a good feedback system.

The inverse relationship found between overwork and negative attitudes toward others in the workplace indicates the possibility that feelings of frustration can result when therapist's abilities are not fully used. If therapists are not fully involved in their jobs, they may begin to get frustrated with others.¹⁶

TABLE 5
Predictors of Avoidance Responses

Variable	B	β	SE of B	F
Poor professional preparation	0.59	0.09	0.11	0.28
Lack of sharing and feedback	0.16	0.03	0.09	0.03
Organizational dysfunctions	0.54	0.09	0.10	0.27
Excessive demands	0.78	0.12	0.08	0.88
Perfectionistic concerns	-0.92	-0.12	0.11	0.67
Overwork	-0.13	-0.16	0.10	1.56
Lack of faith in superiors	0.99	0.14	0.10	0.94
Low self-esteem	0.15	0.20	0.12	1.60
(constant)	1.11			
Analysis of variance	<i>df</i>	SS	MS	F
Regression	8	3.92	0.49	1.91
Residual	69	17.68	0.26	

R = 0.43
R² = 0.18
Adjusted R² = 0.09
SE = 0.51

In predicting physical and psychological reactions to burnout, we found that the combined potential causes of burnout do significantly predict this symptom. As Patrick discussed in relating burnout to health-care workers, a number of interrelated reasons may cause someone to react physically or psychologically to excessive stress.¹⁷ Psychosomatic and psychological dysfunctions because of excessive stress are probably caused by an interaction of different factors and not by a specific type of stressor. Therapists with these symptoms of burnout might be urged to consider how several different organizational and personal sources of stress are creating their problems.

In assessing the symptom of dissatisfaction with the workplace, the significant individual predictors of this symptom were low self-esteem and organizational dysfunctions. As Wolfe stated in discussing burnout in physical therapy, a primary factor of burnout appears to be an inability of the therapists to feel successful with their patients.⁶ A number of problems can result in the patient not meeting established goals. Therapists with low self-esteem may assume that the

lack of patient progress is a result of their own deficiencies rather than a result of other factors.⁶ In addition to low self-esteem among therapists, organizational dysfunctions tend to increase the likelihood of dissatisfaction with the workplace. As Broski reported, the demands from the hospital administration and the personal desires of the health-care professionals may differ.¹⁸ This difference creates a high stress situation that needs to be responded to before burnout symptoms occur. It is important to be aware of the potential areas within the administrative framework of the facility that may frustrate therapists. Administrative staff should ensure that therapists are aware of the rationale of policies within the facility.

In assessing the symptom of redirection of interests away from the workplace, we found that excessive demands significantly predict this symptom. Mattingly discussed burnout related to child-care social work and argued that the excessive amount of work placed on social workers can be highly stress producing.⁵ Many dedicated child-care social workers leave their profession or become less effective in their jobs because of the intensity of the stress.⁷ Patrick stated that health-care workers tend to focus their interests on other areas if the demands of a situation create excessive stress.¹⁷

In assessing the symptom of avoidance responses, we found no significant predictors of this factor either in combination or individually. This finding suggests that therapists avoid the work situation for other reasons besides those that can be related to burnout. Perhaps, in fact, avoidance responses, which have been conceptualized in this study as a symptom of burnout, are, in fact, coping mechanisms that tend to counter potential causes of burnout.

Similarities and Limitations

The potential causes and symptoms of burnout are similar within the various health professions (physical therapy, occupational therapy, and nursing). All three professions report symptoms of dissatisfaction with the workplace, negative attitudes toward others in the workplace, and physical and psychological reactions. Shubin¹⁹ discussed a number of these factors as related to nursing, and Quisling⁴ determined these factors to be significant in her survey of occupational therapists. Burnout is not, therefore, unique to one profession. Because the nature of burnout is similar across professions, a common strategy for eliminating or decreasing burnout might be applied. Further research using control situations might identify the similarities and differences in burnout between professions. Further research might also investigate the effects of different intervention programs designed to decrease burnout.

In assessing burnout in physical therapy, this study may have limitations because the subjects were all members of the APTA. Not all physical therapists are members, and the therapists involved in the APTA may not be entirely representative of all physical therapists. For example, non-APTA members may experience burnout in even higher numbers than APTA members.

Another potential limitation of this study is its reliance on multiple regression methodology, a technique (as used in this

study) that is descriptive (predictive) rather than experimental (causal). Multiple regression, as used in this study, cannot identify causal relationships among variables. Multiple regression identifies associative relationships among variables, and the predictions made depend on theoretical interpretations of what the variables mean. In this study, the items making up the eight predictor variables were drawn from the theoretical literature suggesting that these factors could predict burnout.

CONCLUSION

Fifty-three percent of the surveyed therapists reported burnout; this problem needs to be addressed within physical therapy. Administrators and employees of a facility who can identify the relationship of burnout symptoms to causes can recognize potential hazards before they become insoluble problems. Intervention programs should be established in high-stress situations to assist in alleviating the problem of burnout. If employees can be educated to the potential hazards of burnout, the danger of burnout can be minimized. Along with educating employees, institution administrators must realize the importance of designing appropriate methods of burnout intervention, such as exercise programs, discussion groups, and reevaluating vacation and personal day schedules. If burnout is allowed to exist in a physical therapist, detrimental effects on the patient, the therapist, and the facility in which the therapist is employed may result.

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