



*This article is based on a presentation by Justin Berry, PT, DPT, PhD, Physical Therapist Assistant Program Director, Northland Community and Technical College, East Grand Forks, MN, at the 2017 FSBPT Annual Meeting.*

## **Occupational Burnout in Physical Therapy: Clinical Implications and Strategies for Reduction**

Burnout is becoming a big topic in healthcare. The American Medical Association (AMA) and 10 leading CEOs in the healthcare industry declared physician burnout a public health crisis in March of 2017. In September 2017, the Federation of State Medical Boards and the Federation for Pharmacy and Nursing issued a position statement on provider wellness. Now they are gathering resources on how to combat burnout for professionals.

Studies have shown that physical therapists (PTs) and physical therapist assistants (PTAs) also suffer significant burnout.

The first systematic empirical studies on burnout were published in the late 1970s and early 1980s. It has been defined since then as physical or emotional exhaustion due to overwhelming workplace demands, usually as a result of prolonged stress or frustration.

In the late '70s, researchers began to look at the differences in burnout among different populations of professionals, and they found that individuals working in healthcare and any human service, whether it be police or educators, had significantly higher rates of burnout than others. Something about working with people tends to increase burnout, and that's definitely true for healthcare.

In the early '80s, Christina Maslach and Susan E. Jackson created the Maslach Burnout Inventory (MBI), the gold standard for assessing burnout. About 95% of research studies on burnout use this assessment tool. The MBI divides burnout into three constructs that have shown to have good validity and reliability. One is emotional exhaustion. This is what most people think of when they think about burnout, where the professional feels fatigued and overextended due to work.

But there also is depersonalization, where the clinician feels indifferent and distant from patients, or if an educator, the students. Maslach and her researchers also found personal accomplishment is a factor with an inverse relationship to burnout. It occurs when the professional feels like what they are doing doesn't matter.

Emotional exhaustion is usually the highest in health professionals. In physical therapy, it seems depersonalization is relatively low even if people have high emotional exhaustion. Personal accomplishment will be inversely related to burnout, where if you have a high level of personal accomplishment, you will have a low rate of burnout. If you have low level of personal accomplishment, that correlates with higher rates of burnout.

### **Job-Person-Fit Model of Burnout Development**

Several models of burnout development exist. One of the best is called the Job-Person-Fit Model of Burnout Development. There are six work-life domains under this model. If there's a significant mismatch between an individual and their job in regard to these domains, the likelihood of burnout will be higher. The more mismatches that occur also increases the chances of burnout.

The first one is workload, which specifically affects physical therapy. Physical therapists who work in places with unrealistic productivity standards, for example, could face an increased workload.

Autonomy rates high on the burnout scale. Researchers have found the more autonomy professionals have at a job, the less burnout they tend to suffer. They also have found autonomy can be a buffer between high workload and burnout. Professionals who have a high workload, but also have a high degree of freedom on how they do their jobs, tend to have lower burnout rates. In healthcare, some facilities have better autonomy than others.

Perceived efficiency and rewards is another factor. It can include salary, but also includes how scheduling and everything else is done in a facility.

Workplace community is a factor. Physical therapists who work in a very small department may not have as many physical therapy colleagues. PTs with unreasonably high productivity standards have fewer opportunities to work with or talk with their colleagues.

A big factor in burnout is feeling compelled to act unethically. This feeling can happen in some institutions if people are persuaded to do overbilling due to high productivity requirements, or to complete documentation off the clock. With the unethical, comes moral distress. Researchers have found that when professionals want to do the right or ethical thing in a situation but can't due to institutional constraints they become more morally distressed about their job, leading to a corresponding increase in the rates of burnout.

### **Burnout Affects Workplace and Employees**

Burnout affects the workplace in several ways. Researchers found decreased productivity of employees and increased employee turnover are two big effects. Other ways burnout affects the workplace is a loss of concern for patients and the subsequent avoidance of patient contact. If a PT who's burned out is disengaged from their professional responsibilities, they could have poor outcomes.

Many studies have looked at the health effects on people who are burned out and continue to stay in that situation. Impacts on the individual include depression, loss of energy, fatigue, and increased healthcare costs. Burned out professionals also experience increased absenteeism and sick days. Researchers also found in some studies an increased use of drugs and alcohol.

That could lead someone to disciplinary action if they're using drugs or alcohol inappropriately or illegally. Additional areas which may be effected by provider burnout require further study, including: increased fraudulent billing and/or under-treatment to avoid patient contact, a lack of keeping documentation up to date and accurate, and the effects on treatment quality and patient outcomes.

If people dread going to work day after day after day, hate going to work on the weekend, and when Sunday comes around they become anxious about going back to work, that's a good sign they are burned out. Workers will be fatigued, they could have sleep disturbances, have a hard time concentrating, and are performing their job poorly. Another sign is the depersonalization effect — when clinicians stop caring as much about their patients and start talking about them, not by their names but by their diagnosis. Typically, providers become less productive; they may withdraw from work, taking longer breaks or prolonged conversations with co-workers.

### **Burnout Versus Individual/Institutional Characteristics**

Much research has been done on specific characteristics of the individuals or institutions in burnout development. Burnout has a number of factors, both personal and professional. They include gender, age, career advancement, autonomy, and social support. Almost all studies have found females have a higher level of emotional exhaustion than males. Men, on the other hand, have a higher rate of depersonalization. Many of the most current burnout studies look at household gender roles and ask people what percent of their household shopping, cleaning, and cooking they perform. The higher individuals rate the percentage, the higher the rate of burnout. Researchers now often include a question regarding how many children under 18 an individual has in the home. The greater number of young children you have, the higher chance of burnout; burnout increases in both men and women with younger children at home.

Age is the characteristic most consistently related to emotional exhaustion levels in younger individuals. Usually individuals in their first few years of working hit unmet expectations. Being the most recent hire also usually means they may be doing some duties they don't want to do. Whereas if people have been at the positions longer, they have earned seniority and tend to have lower levels of burnout.

With older employees, too, comes career advancement. Researchers have found in healthcare that if people have become supervisors, they tend to have lower rates of burnout. They aren't sure why. It may be due to decreased patient contact, but it's a question that's still not answered in physical therapy. However, are there enough management positions in physical therapy to avoid non-career-advancement burnout?

There have not been any studies about autonomy with physical therapists. But generally speaking, the higher autonomy levels a professional has, the higher their job satisfaction and the lower the levels of burnout. A research study on PTAs and autonomy was conducted at Northland Community and Technical College in East Grand Forks, Minnesota, and was presented at the American Physical Therapy Association (APTA) Combined Sections Meeting (CSM) in February 2018. It was assumed before the study began that PTAs would have a low level of autonomy. Instead, the study found PTAs actually have pretty high autonomy regarding their schedule and how they can do their jobs. They only score low on autonomy with how they're evaluated.

The study also looked at the correlation between productivity of PTAs and burnout. It found that PTAs who have a productivity requirement had a statistically significant higher level of emotional exhaustion than those who did not.

Many studies have found the more support people receive from their colleagues and their supervisors, the lower their level of burnouts. If they don't feel their supervisor has their back, the burnout rates go up quite a bit.

The impact of the increasing cost of physical therapy education and the large debt incurred by students to obtain that education may contribute to burnout. In the decade that ended in 2014-15, the cost of PT programs, tuition, and fees, went up about 100% at private institutions and about 50% at public institutions. A recent research study of 500 PT and DPT students within four months of their graduation found the average loan debt was almost \$94,000. Seventy percent had concerns about repaying their student loans. This debt robs new graduates of options and choices. Students with high student loan debt may have to postpone buying homes or having children or putting money into retirement accounts leading to personal stress. Student loan debt may influence the choice of setting in which a provider works. New graduates may take a job they don't necessarily want because it pays more money, leading to an unhappy provider and contributing to burnout.

### **Studies Show Suspected and Surprising Results**

It was hoped that electronic medical records (EMR) would make everyone's jobs easier. But they don't. A study released last year found the more physicians used electronic medical records, the higher their rates of burnout tended to be. Reflecting on the Job-Person-Fit model with the six domains, EMRs do not decrease workload and yet, may decrease autonomy. This is especially true if PTs are not involved with developing the specific templates required for physical therapy documentation.

A Facebook group of PTAs was asked to answer a one-question anonymous survey on SurveyMonkey. They were asked if normally they do all their documentation on the clock and get paid for it or if they are forced to do it on their own time. A little more than 35% were able to complete their documentation during paid work hours; the remainder used non-work hours to complete work tasks. Insufficient rewards with unpaid overtime lead to frustration and potentially to burnout.

Burnout is not limited to the United States. A Canadian study found that about 45% of Canadian healthcare practitioners thought most of their days were quite or extremely stressful, compared to just 31% of the general population. On a positive note, being a PT was one of the least stressful healthcare occupations in Canada.

A 1993 study of 129 PTs in Massachusetts rehab hospitals found that 46% scored high for emotional exhaustion burnout and 20% scored high for depersonalization. A 1998 study of PTs and occupational therapists employed in New York City found 58% suffered from emotional exhaustion and 97% from depersonalization. The Balanced Budget Act of 1997 may have contributed to the high rates of burnout a year later because of the changes in Medicare and Medicaid payments.

A 2002 study published in the Health Policy Administration Journal looked at PT burnout rates in

rural communities. Frontier Counties in Montana, North Dakota, South Dakota, Nebraska, and Wyoming, where fewer than six people live per square mile, were chosen for the study. Every PT who lived in a Frontier County received a survey. Researchers found burnout rates were low for frontier rural communities. In communities where the PT knows all his patients and the patient is the guy down the street who owns the gas station and lives across the street from them, depersonalization is going to be low. Traditionally it's been difficult to staff these types of locations; rural health care settings may be able to leverage decreased incidence of burnout in providers as a recruiting tool.

Researchers also found that people who worked more than 40 hours a week had higher levels of personal accomplishment than people who worked fewer. Higher personal accomplishment is linked to lower levels of professional burnout.

A study of 255 PTAs in Washington, North Dakota, and South Dakota found PTAs had moderate levels of emotional exhaustion, low levels of depersonalization, and high levels of personal accomplishments. It's very similar for PT studies. Researchers in that study also found no correlation between any of the burnout levels and age, APTA membership, or being a clinical instructor. One thing researchers did find, however, is PTAs with more than 10 years of experience tend to have higher levels of depersonalization.

There have been many studies of burnout in physical therapy educators. What they found is burnout rates are low among PT educators. Autonomy levels, too, are higher in nursing and allied health faculty because they have a lot more freedom than in the hospital environment.

### **How Licensing Boards View Burnout**

Seventy-two state board members responded to a survey on occupational burnout prior to the Federation of State Boards of Physical Therapy's 2017 Annual Meeting. One question asked if board members believed occupational burnout is a problem in the PT profession. A vast majority of state board members believe it to be problematic. Another question asked if occupational burnout can lead to issues that lead to board disciplinary action. About 75% agreed/strongly agreed. But when asked if their state had adequate resources to address the problem, about 9 out of 10 disagreed/strongly disagreed. And when asked if the board members have seen disciplinary action due to things that may have been caused by occupational burnout, two-thirds disagreed/strongly disagreed.

The next question was if the state requires licensees to annually report if they're receiving any mental health treatment. More than 6 in 10 said no, but the other 4 in 10 said "Yes" or "I don't know." Some states and professions have been debating requiring a health care professional to report whether or not he/she is receiving mental health treatment. A few years ago, a physician in North Carolina committed suicide due to occupational burnout. The North Carolina Medical Board reviewed policies after the suicide and saw that the license renewal application asked applicants if they're aware of any condition that could impair their ability. They became concerned that this physician said no because he didn't want it to affect his license. Even though he was burned out and having a terrible time, he wasn't truthful about it. Advocates worked with the board to change the language. It now reads:

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance abuse disorders, just

like their patients and other health care providers do.

The board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.

The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

When asked if there's a role for state licensure boards to assess occupational burnout, more than 75% replied no, it's not the role of the state board to assess it. Nearly 6 in 10 said boards should have a role to educate licensees about signs and symptoms, but respondents were nearly evenly split on a role for state licensure boards to educate licensees about burnout reduction strategies.

### **What Can be Done**

There are a number of steps healthcare institutions, professional associations, and individuals can take to combat occupational burnout. Healthcare institutions should focus on maximizing autonomy for providers and allowing employees flexibility with their scheduling. Obtaining PT input on Epic Templates or whatever tool the institution uses for electronic medical records to make it more user-friendly for everybody is another way to reduce burnout. Again, if employees have a high workload level but also have high levels of autonomy, the chances of them getting burned out are decreased. The Canadian Medical Association is focusing on burnout, too, and trying to ensure their physicians are getting the help they need.

Building social networks by having PTs and PTAs always work together as teams could help too. In New Hampshire the professionals' health program provides a lot of resources. Physical therapy is not one of the professions they provide resources for, but they provide other practitioners with resources to get help if they suffer burnout.

Another tactic is to educate students about the issue. The University of New Mexico School of Medicine provides all its medical students with a wellness toolkit that addresses work-life balance and how to assess for burnout.

At this time, physical therapy boards have taken a minor role in combatting occupational burnout. Potentially, the role could expand significantly and still be within the mission of the board. The potential role for PT boards is to communicate with licensees and try to educate them as much as possible on the signs and symptoms of burnout, and guide licensees toward, as well as provide, resources to manage current signs of burnout.



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