This article is based on a presentation by Leanne Loranger, PT, MHM, Manager, Policy + Practice, Physiotherapy Alberta – College + Association and Nancy Kirsch, PT, DPT, PhD, FAPTA, President, Federation of State Boards of Physical Therapy, at the 2018 FSBPT Annual Meeting.

Burnout: Addressing the Elephant in the Room

Burnout is seldom talked about in physical therapy. However, all indications are that burnout has a more significant influence on patient care and service delivery than we previously knew. According to Christina Maslach and Susan E. Jackson, burnout is "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity." As emotional exhaustion increases, workers feel they are unable to give of themselves. This contributes to the development of depersonalization and a reduced sense of personal accomplishment.

Although the concepts of emotional exhaustion and personal accomplishment are easy to understand, depersonalization is an idea that might not be clear to the general public. What is depersonalization? It is characterized by negative or cynical attitudes about one's patients, leading the health care provider to think about their patients as being deserving of their troubles or as objects, rather than as individuals.

The Maslach Burnout Inventory (MBI) is a common tool used to quantify the three domains of burnout: emotional exhaustion, personal accomplishment, and depersonalization. The MBI-Human Services Survey (MBI-HSS) is the one most commonly used in health provider research. Through use of the MBI-HSS, burnout is typified by increasing emotional exhaustion and depersonalization and a low sense of personal accomplishment.

Another key factor when looking at burnout is work engagement, which Schaufeli et al. (2001) define as a "positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption." Work engagement can be quantified using the Utrecht Work Engagement Score (UWES-9). The UWES-9 measures the three domains of engagement: vigor, dedication, and absorption. An increase in UWES-9 scores indicates a high degree of work engagement, which is thought to be protective against burnout.

Although the MBI-HSS and the UWES-9 are two ways to assess employee well-being, it's essential to look at the results on both tools because when an employee is not burned out, it doesn't necessarily mean they're engaged in their work, and vice versa.

Why is the topic of burnout important to discuss in physical therapy? It's because a key component of the delivery of quality care is the presence of a healthy, engaged workforce. Staff

shortages, absenteeism, and attrition can all be causes and results of burnout among physical therapists and physical therapist assistants. We also know that when individuals are burned out or disengaged from work, the quality of patient care and the effort that goes into daily work declines.

Burnout and its manifestations are possible contributing factors to disruptive workplace behavior, employee absenteeism, and presenteeism, which describes the situation when you come to work and give your solid 20 percent effort instead of your solid 100 percent effort.

Based on discussions about physician burnout in Canada in 2015, Physiotherapy Alberta – College + Association, the organization that regulates physical therapy in the Canadian province of Alberta, decided to conduct a survey of its registrants to see if Alberta's physical therapists could potentially be at risk of burnout. Physiotherapy Alberta used both the MBI-HSS and the UWES-9 to understand the experience of burnout and the phenomenon of burnout among physical therapists.

The quantitative research questions included the prevalence of burnout; the contributing factors, such as practice context, patient population, age, education, and experience; and if there were any sub-groups of clinicians that were more at risk of burnout.

Physiotherapy Alberta also wanted to address the following qualitative questions:

- How does burnout manifest itself?
- What did you observe when colleagues demonstrated burnout?
- What do you believe causes burnout?
- What do you do to prevent burnout in yourself?
- Does your life outside work affect the potential for burnout?
- Does the patient population you treat affect the potential for burnout?

The results of the study indicated that burnout was a problem for Alberta's physiotherapists. At first glance, the sample means for the results fell within the average degree of burnout for emotional exhaustion and personal achievement and a low degree of burnout on the depersonalization sub-scale. Additionally, the mean scores on the UWES-9 reflected an average degree of work engagement. However, the results had large standard deviations, which reflected considerable variability in the study sample for all four results.

For example, the proportion of the study population estimated to be at a high risk of burnout based on individual scores for the MBI emotional exhaustion was 37 percent of respondents, 17 percent were estimated to be at high risk of burnout based on personal achievement, and 13 percent had high scores on more than one MBI sub-scale.

The following table lists the portion of the study population estimated to be at high risk.

CRITERIA	PROPORTION ESTIMATE (%)
EMOTIONAL EXHAUSTION	37.31%
DEPERSONALIZATION	9.45%
PERSONAL ACHIEVEMENT	17.41%
TWO MBI SUB-SCALES	13.43%
ALL THREE MBI SUB-SCALES	7.46%
UWES-9	14.42%

It is important to note that the survey response rate was lower than desired (about 10 percent). Therefore, Physiotherapy Alberta is only able to identify some interesting trends and associations based on the survey. For example, respondents who were at least sixty-one years of age reported statistically significant lower emotional exhaustion scores than respondents in other age groups. Respondents with more than fifteen years of experience also demonstrated lower emotional exhaustion scores, after adjusting for age. It would seem that the risk of burnout and low work engagement decreases the longer that someone is in practice.

In addition to the quantitative results, the study also collected a wealth of qualitative data that described how burnout manifested itself. In the emotional exhaustion area, respondents used words such as “drained” and “exhausted.” In depersonalization, they used descriptors such as “intolerance” and “moodiness,” and in personal achievement they used phrases such as “lack of confidence” and “self-doubt.”

The survey responses provided Physiotherapy Alberta with a wealth of qualitative data that was analyzed and classified into two global themes — workplace factors and the continuum of contributing factors.

In the first theme of workplace factors, burnout is affected by the workplace and the interplay between work context, the patient/client relationship, and the individual physical therapist. Respondents identified many perceived work-related causes of burning including work overload, unrealistic expectations, a lack of recognition from management, and client demands.

In the second global theme, the manifestations of burnout are affected by the interplay between the contributing factors and those that are preventative of burnout. The burnout prevention strategies people identified were typically focused on activities outside of work and included maintaining a healthy lifestyle and the importance of social relationships. Within work, flexible hours, positive workplace relationships, and continuing education were items that helped reduce burnout.

The qualitative findings from the study provided Physiotherapy Alberta with a framework to understand the experience of burnout as one in which an individual’s demonstrated manifestation of burnout is the result of an interaction between the factors that contribute to and those that are preventative of burnout.

Since the work place is a key driver to burnout and employee mental health, neither changing the setting nor changing the individual is enough. Both system change and individual action are required. Strategies can and should be applied to the workplace and to the individual, taking a two-pronged approach to address burnout by addressing contributing factors to burnout and acting to achieve increased work engagement, which is preventative or burnout.

Based on the survey results, Physiotherapy Alberta started raising awareness about the issues related to burnout and developed a list of recommendations for employers and individuals. Some of the recommendations for employers included flexibility in work hours, access to professional development, assessing the organizational culture, and discussing burnout, among others. For individuals, the recommendations included establishing personal boundaries, seeking resources and training to recognize burnout, and access to employee support programs.

Additional information is available on Physiotherapy Alberta’s website.

Burnout is a real issue in physical therapy and it is causing people to leave the profession. What can or should regulators do to mitigate the effects of burnout? Should existing assistance

programs be extended beyond their role in substance abuse remediation to address remediation for other impairments such as burnout?

Many licensees appearing before boards with professional issues started with a problem that was the result of burnout. Although they may have been very engaged professionals at some point in time, along the way, they became less engaged for a variety of reasons, many that were organizationally induced, and they made bad choices because they were not clearly focused on what their professional responsibilities were.

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