PROFESSIONAL QULAITY OF LIFE AND BURN OUT AMONG PSYSIOTHERAPISTS IN LATAVIA

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Abstract:

Background: In their daily practice, physiotherapists need to physically and emotionally interact with their patients; therefore, like any other helping professionals, are subject to emotional risks. The aim of this study is to explain the symptoms of compassion fatigue (CF) and professional burnout (BO) in Latvian physiotherapists and offer suggestions for the staff management.

Methods: To achieve the goal of the study, quantitative, non-experimental research was conducted using: the Professional Quality of Life Scale and the Maslach's Burnout Scale. The present study measures the level of compassion satisfaction (CS), secondary traumatic stress (STS), and Burn Out (BO) syndrome. In addition, the BO was measured along with its three dimensions: emotional exhaustion (EE), depersonalisation (DP), and a reduced sense of personal accomplishment (PA). Convenience sampling was used in the study. The survey was conducted among 155 physiotherapists with an average age of 35.5 years and an average length of service of 9.5 years.

Results: The results of the study show that physiotherapists have moderate Compassion Fatigue (M=36,37±7,23), low Secondary Traumatic Stress (M=27,54±4,65), and moderate Burn Out (M=17,68±6,89) (only EE dimension had a high value (M=24,52±12,84), but moderate Depersonalisation P (M=7,3±6,06) and low Personal Accomplishment (M=38,92±6,49). Statistically significant correlations are found between all these phenomena. Furthermore, statistically significant differences in these phenomena among physiotherapists with different length of service are also confirmed.

Conclusions: The study demonstrates the association between CF, STS, and BO symptoms and their variability over a physiotherapist's length of service. Under the influence of these emotional risks, 60% of respondents reported a lack of compassion satisfaction to continue working as a physiotherapist.

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Keywords: Burn out, Compassion fatigue, Secondary Traumatic Stress, Physiotherapy

Introduction

For helping professionals, compassion is an active demonstration of empathy based on their willingness to render their professional services to the needy by ensuring efficient therapeutic work to gain satisfaction from the process of helping (Fernando & Consedine, 2014). Compassion fatigue is the opposite of compassion satisfaction (Sinclair et al., 2016; Russell & Brickell, 2015; Zakeri et al., 2020). Stamm (2010) notes a primary or secondary professional trauma may cause compassion fatigue. Many studies confirmed that compassion fatigue is post-traumatic stress disorder and/or occupational burnout (Goodwin & Richards, 2017; Adams et al., 2008; Stamm, 2010).

The study aims to analyse the symptoms of compassion fatigue and occupational burnout among physiotherapists working in Latvia and to give recommendations to the staff management.

Literature review

Research shows that compared to doctors, nurses and pharmacists, physiotherapists are more prone to compassion fatigue, causing higher levels of occupational burnout (Bruschini et al., 2018; Bainbrige et al., 2017). Rehabilitation as a sector itself contributes to the risk of having compassion fatigue, and the respective organisation also influence this (Luken & Sammons, 2016; Cantu et al., 2021; Walton, 2020; Pustulka-Piwik et al., 2014). The personal factors of the physiotherapist, such as the personality, anxiety level, gender, age, service length, education, and communication skills, determine the ability to handle a stressful situation and effect on compassion fatigue (Alhabri et al., 2020; Russell & Brickell, 2015; Reyes, 2018; Pustulka-Piwik et al., 2014; Tabaj et al., 2015; Stirāne & Leikuse, 2012; Tanaka et al., 2019; Rogan et al., 2019; Ruiz-Fernández et al., 2020; West et al., 2018). Since physiotherapists have prolonged physical contact with the patients, the cognitive and emotional states of the patient and their relatives have a considerable impact on the interpersonal relationship between the patient and the therapist and consequently, the physiotherapist's levels of compassion as well (Upmale-Puķīte & Gulbe, 2019; Maslach & Leiter, 2016; Nolte et al., 2017; Alhabri et al., 2010; Sinclair et al., 2016; Knobloch Coetzee & Klopper, 2010). The clinical situation, such as the side effects of the disease, the duration of the treatment, the prognosis, and the achieved effect, influences the compassion satisfaction of the

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physiotherapist (Kane, 2020; Kane, 2019; Luken & Ammons, 2016; Pustulka-Piwik et al., 2014; Fernando & Consedine, 2014; Rogan et al., 2019; West et al., 2018; Baqeas et al., 2021; Jácome et al., 2021). Lack of compassion satisfaction among the key employees or majority of the employees in an organisation may impact the health and operation of the entire organisation (Dev et al., 2019; Pustulka-Piwik et al., 2014; Jácome et al., 2021; Maslach & Leiter, 2016; Tabaj et al., 2015). In such a situation, employees cannot use their full potential; their efficiency is impaired, and the organisation is put at competitive risk, becoming unstable (West et al., 2018; Han et al., 2019; Shanafelt et al., 2017). Many studies have examined the effects of various workplace risks on the organisation. The associated costs are not always easy to calculate (West et al., 2018; Tabaj et al., 2015). It may include disability costs (psychosomatic problems associated with burnout), labour turnover costs, as the "burnt-out" employees leave their jobs, additional staff management resources are required to recruit new employees, and training and onboarding costs. The negative outcomes include a drop in productivity, on-job casualties, customer dissatisfaction, and complaints (Dev et al., 2019; Jácome et al., 2021; West et al., 2018; Melvin, 2015; Maslach & Leiter, 2016; Aronsson et al., 2017; Sinclair et al., 2016).

Data and Methodology

The present research is quantitative with a convenience sample of physiotherapists. Professional Quality of Life Scale (ProQOL) (Stamm, 2010, Circenis et al., 2013) and Maslach Burnout Inventory – Human Services Survey (MBI-HSS (MP)) (Maslach et al., 1997) are used to collect the responses. An online survey was conducted from 6th February 2020 to 29th March 2020, using website Webropol. 155 filled questionnaires returned by the respondents were acknowledged as valid. The Cronbach's alpha test confirmed the internal consistency of the scales used in the study. The alpha coefficients for ProQOL sub-scales are as follows: 0.92 for Compassion Satisfaction, 0.74 for Burnout and 0.84 for Secondary Traumatic Stress. For the MBI sub-scales, the reliability statistics are: 0.86 for Emotional Exhaustion (EE), 0.79 for Depersonalisation (DP), and 0.82 for Personal Achievement Reduction (PA).

The average age of the survey participants was 35.5 years, with a standard deviation (SD) of 7.8, and the median value 32.7. 90% (n=145) of the respondents were females and only 10% (n=15) were males. The respondents' average service length in the profession was 9.5 years, with a SD of 6.8 years.

Higher scores on the compassion satisfaction subscale indicate higher positive compassion satisfaction, while higher scores on BO and STS indicate a higher negative risk (Stamm, 2010). High scores on subscales of EE and DP and low scores on the PA subscale indicate high burnout (Maslach et al., 1997).

Results and Discussion

The mutual correlation between the Quality of Professional Life and Maslach Burnout Survey questionnaire subscales was calculated with the Spearman and Pearson correlation coefficient. The results show a positive and statistically significant correlation for the secondary traumatic stress and burnout sub-scale values ($r=0,517$, $p<0,0001$), and for the emotional exhaustion and depersonalisation sub-scale values ($r=0,585$, $p<0,0001$). A negative and statistically significant correlation exists between the personal achievement reduction sub-scale ($r=-0,409$, $p<0,0001$) and the emotional exhaustion and depersonalisation sub-scale values ($r=-0,403$, $p<0,0001$). A positive and statistically significant correlation exists between the occupational burnout and compassion satisfaction sub-scale values ($r=0,234$, $p<0,001$). A negative and statistically significant correlation exists between compassion satisfaction and secondary stress values ($r=-0,246$, $p<0,002$). The results reveal a statistically significant positive relationship between compassion satisfaction and emotional exhaustion ($r=0,164$, $p<0,04$).

The compassion satisfaction in the given population (median 37, SD 7.23) was medium as reported by 70% (n=108) of respondents, high for 26% (n=40), and low for 4% (n=7) of respondents. The respondents with high levels of compassion fatigue reported higher levels of emotional exhaustion and higher occupational burnout rates. Overall, the results for secondary traumatic stress were low in the population (median 16, SD 6.89). Physiotherapists with high secondary traumatic stress levels also reported higher levels of occupational burnout and social depersonalisation. Occupational burnout among physiotherapists was found to be of a medium level in 70% (n=108), a high level in 26% (n=40), and a low level in 4% (n=7) of the respondents.

The results of the study can be compared to other published research studies on occupational burnout levels using MBI Survey. In comparison, the results of the study are in line with similar studies conducted over the past three years in Spain (Carmona-Barrientos et al., 2020), Philippines (Reyes,

2018), Italy (Bruschini et al., 2018) and Canada (Bainbrige et al., 2017), with moderately high levels of emotional burnout, moderately low depersonalisation and medium reduction in personal achievements.

To analyse the situation in Latvia, the results of the study are compared with the results of Stirāne and Leikuse (2012) (see Table1). Assuming that the study population is comparable, it can be concluded that the levels of emotional exhaustion and depersonalisation have increased quantitatively and qualitatively among physiotherapists over the past eight years. Furthermore, there has been a positive change (from medium to low) in the reduced sense of personal achievements among respondents.

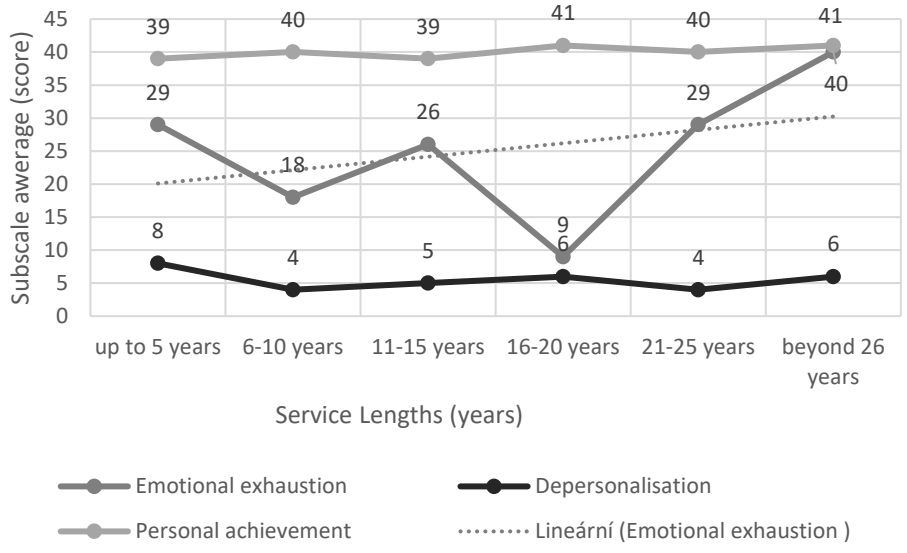
Table 1: Sociodemographic and Emotional Exhaustion (EE), Depersonalisation (DP) and Reduced Sense of Personal Achievement (PA) Subscales Indicators in individual studies

Author	N	Age (years)	Education level (%) (B=bachelor; M=master)	EE		DP		PA	
				Hight level (%)	Value, SD	Hight level (%)	Value, SD	Low level (%)	Value, SD
Barone et al., 2020	155	35.5 ±7.8	B=79% M=21%	47.2%	24.52 ±12.8	24.4%	7.31 ±6.1	9.7%	38.92 ±6.5
Stirāne & Leikuse, 2012	141	30.3 ±6.4	B=78% M=22%	36.4%	21.8 ±11.6	28.4%	5.9 ±5.3	18.5%	39.2 ±6.4

Source: Authors

An evaluation of the results according to the length of service shows differences in levels of secondary traumatic stress, occupational burnout, and emotional exhaustion among physiotherapists A comparison of the levels of emotional exhaustion in both studies reveals increased levels of emotional exhaustion in young specialists (Carmona-Barrientos et al., 2020; Tabaj et al., 2015; Pustulka-Piwnik et al., 2014). Higher levels of emotional exhaustion can also be seen in professionals with short length of service. However, the lowest levels of emotional exhaustion are reported in specialists with service lengths of 15 to 21 years (see Figure 1).

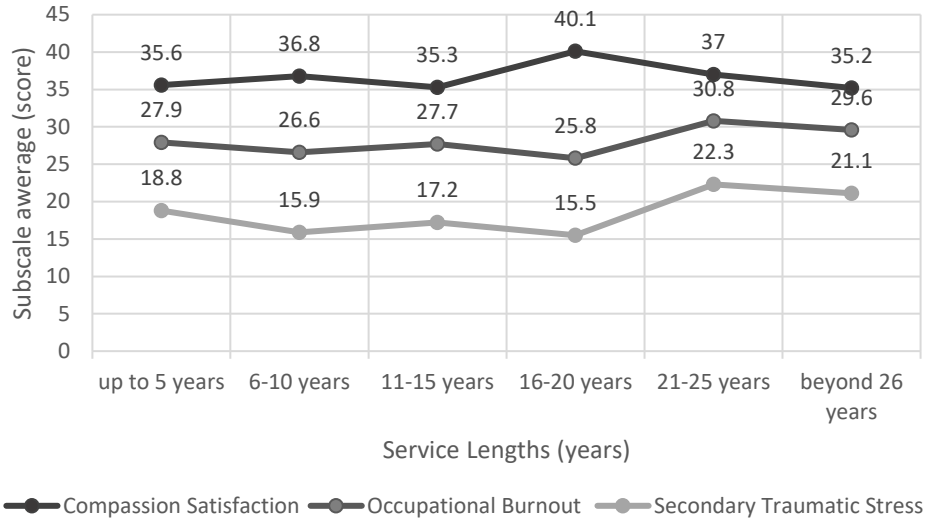
Figure 1: Emotional Exhaustion (EE), Depersonalisation (DP) and Personal Achievement Reduction (PA) Subscales Indicators in Various Service Length Groups of Physiotherapists



Source: Authors

Secondary traumatic stress is typical in physiotherapists with service lengths beyond 21 years (see Figure 2).

Figure 2: Occupational Burnout (BO), Compassion Satisfaction (CS) and Secondary Traumatic Stress (STS) Indicators in Various Service Length Groups of Physiotherapists



Source: Authors

Conclusions

Physiotherapists have medium compassion satisfaction, but 60% of the respondents reported a lack of it. Only 22% of physiotherapists reported having a quality professional life with job satisfaction outweighing occupational hardships. Compassion satisfaction correlates with occupational burnout and emotional exhaustion, suggesting high levels of emotional involvement among physiotherapists. A low level of secondary traumatic stress is observed in the respondents, and it is common among physiotherapists with more than 20 years of service. It is found that specialists with more serious traumatic stress have higher levels of occupational burnout.

Medium levels of occupational burnout have been reported, and it is more serious among specialists with service lengths of up to 5 years and beyond 20 years. Increasingly high levels of emotional exhaustion can be seen in the population of physiotherapists. This early sign of occupational burnout is related with interpersonal cynicism and reductions in personal achievements.

The levels of professional compassion fatigue, secondary traumatic stress, and occupational burnout change over the professional life. These values are reciprocal, i.e., higher levels of compassion satisfaction bring lower levels of occupational burnout and secondary traumatic stress. Physiotherapists achieve the highest levels of quality professional life by reaching 16–20 years of service and the lowest levels after 26 years.

Suggestions

The staff management specialists should consider the occupational compassion fatigue and burnout risks for rehabilitation specialists by evaluating the personal factors of the specialists, patients, and their clinical situations. Special attention should be paid to the emotional aspect of the new employees and the valuable specialists with a long service record. It might be good to improve communication and interrelation skills to improve compassion satisfaction and knowledge about the prevention of occupational burnout. It might also be useful to constitute professional support groups that would help get support and share experiences.

It is also possible that clinically difficult patients receive care from highly experienced specialists, increasing the risk of secondary traumatic stress. Therefore, it is necessary to evaluate the patient allocation and provide emotional support to the physiotherapists working with patients with major injuries. Furthermore, considering the high risk for occupational burnout, indicated by high levels of emotional exhaustion among physiotherapists, it is recommended that necessary improvements should be considered. Changes should be introduced in the organisational environment to improve patient management, ensure optimum workloads, reconsider the resources of the working environment, ensure

supportive and open mutual communication between the employees and management, and also to strengthen the physical and emotional care and self-compassion of each employee.

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