

Prevalence And Pattern Of Burnout Syndrome Among Nigerian Physiotherapists.

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Citation

P Ibikunle, O Umeadi, C Akosile. *Prevalence And Pattern Of Burnout Syndrome Among Nigerian Physiotherapists..* The Internet Journal of Chiropractic. 2012 Volume 1 Number 2.

Abstract

Background: Burnout syndrome in the health worker is defined as a state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding.

Purpose: This study determined the prevalence and pattern of Burnout syndrome among Nigerian physiotherapists.

Method: The study design was a survey, using disproportionate stratified random sampling technique. Two hundred and one (201) physiotherapists completed the Maslach Burnout Inventory which contained questions related to Burnout syndrome.

Result: The Prevalence and Pattern of Burnout syndrome is as follows: 66.2% reported high level of emotional exhaustions (EE) 65.2% reported high level of depersonalization (DP) while 75.6% reported high level of decrease in personal accomplishment (PA). 11.9% reported moderate level of EE, 16.4% reported moderate level of DP while 9.0% reported moderate level of decrease in PA. 21.9% reported low level low level of EE, 18.4% reported low level of DP while 15.4% reported low level of decrease in PA. Males and females presented with EE levels of 36.0 and 32.7 respectively, PA of 25.61 and 23.75 respectively and DP of 13.56 and 13.86 respectively.

Conclusion: it can be concluded that Nigerian physiotherapist are highly Burnout. Conducive and comfortable working environment should be created for them and perhaps more physiotherapists should be trained to meet up with the ever growing population of the country.

INTRODUCTION

Burnout is a world wide phenomenon of substantial significance that has a detrimental impact on employee's at all organizational levels and on organizations in their entirety, which translates into substantial human and economic cost^{1, 2, 3}. As such, burnout has become a crucial issue for all institutions that aim to produce quality products and services on a sustainable basis and to remain innovative in an increasingly competitive environment.

Physiotherapy is a healthcare profession concerned with movement and maximizing potential, it uses physical approaches to promote, maintain and restore physical, psychological and social wellbeing, taking to account of variations in Health status. It is science based, committed to extending, applying, evaluation and reviewing the evidence that underpins and informs its practice and Delivery; The exercise of clinical judgment and informed interpretation is the core.⁴ Physiotherapist help and treat people of all ages with physical problems caused by illness, accident or aging. They identify and maximize movement potential through

health promotion, preventive healthcare, treatment and rehabilitation. The core skills used by physiotherapist include manual therapy, therapeutic exercise and the application of electro- physical modalities. Therapeutic exercise and the application of electro-physical modalities. Physiotherapists also have an appreciation of psychological cultural and social factors which influence their clients⁵. Burnout syndrome in the healthcare workers is a state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding.⁶ It is also a start of emotional, mental and physical exhaustion caused by excessive and prolonged stress.

The well-studied measurement of Burnout syndrome in the literature is the Maslach Burnout Inventory (MBI). Maslach and her colleagues Jackson first identified the construct "Burnout" in 1970s and the concept of burnout syndrome consist of three sequential components that results from chronic stress. In the model of burnout syndrome, an individual begins to feel emotional drained and lack of

energy. If the individual continues to feel emotionally overwhelmed, depersonalization can arise. Depersonalization is the feeling of impersonal response towards recipient of the service and is manifested by inappropriate attempts to cope with exhaustion and is characterized by feeling of detachments and dehumanization. Finally, depersonalization develops into a depressed sense of personal accomplishment wherein feelings of inadequacy, personal failure and power professional self-esteem significantly impact the individual's ability to function. The indicator has become the standard tool for measuring burnout syndrome in research. Criteria for Burnout syndrome is high DP scores (>11) and or high EE scores, (> 31) and PA scores (≤ 35). Individuals with scores greater than or equal to 31 on the EE, and 11 on the DP and scores less than or equal to 35 on the PA subscales have high level of Burnout syndrome. Moderate levels include scores of 21-30 on EE, 6-10 on DP 41-36 on PA subscales while low levels include ≤ 20 , ≤ 5 and ≥ 5 and ≥ 42 on EE, DP and PA subscales respectively.⁷ It is important to identify the factors leading to burnout syndrome, recognize who is suffering and apply prevention techniques to deter the syndrome and stress in the work place⁸; if left unchecked, burnout syndrome can have grave implications not only for healthcare workers but also for their patients.⁹ There is a possibility that it may lead to compromised standard of care, this compromised standard care ultimately impacts the effectiveness of the healthcare organization. The syndrome may predispose physiotherapists to emotional exhaustions, depersonalization and reduce sense of personal accomplishment and thereby decreasing their professional outputs and results. On the other hand, the patients may feel unsatisfied which may reduced or bring down the physiotherapy professional ego and pride.

METHODOLOGY

The research design is a survey research design, the location of this study was in the six Geopolitical zones of Nigeria which included the South-South, South –east, South- West, North-central, North-east and North-west.

The population for this study was obtained from the register of the Nigeria society of physiotherapy. As at December 2010, there were about 1,300 registered physiotherapists and this formed the population for the study. The sample size for this study was obtained from Yaro yamein formula for finite population and the sample size obtained from the target population was 306.

INSTRUMENT OF STUDY

The Maslach Burnout Inventory (MBI) was used to assess the burnout syndrome among Nigerian physiotherapists. The MBI is a 22 –question instrument that assess the degree of burnout syndrome in terms of three subscales; Emotional exhaustion (9 items), Depersonalization (5items) and decreased feeling of Personal accomplishment (8 items)¹⁰. A separate subscale measured each aspect, the EE subscale assesses the feelings of being emotionally over extended and exhausted by one's work. The DP subscale measures an unfeeling and impersonal response towards recipients of one's service, care treatment or instruction. The PA subscale assesses the feelings of competence and successful achievements on one's work with people. The frequency with which the respondent experience each item is measured on a 7-point likert types scale anchored by never (0) and everyday (6). The scores thus ranged from 0 to 54 on EE subscale, from 0 to 30 on the DP subscale and from 0 to 48 on the PA subscale because of the limited psychometric evidence of the relationship between the subscales, the scores are considered separately and not combined into one single score¹¹. Higher mean scores on the EE and the DP subscales corresponded to higher levels of Burnout, whereas lower mean scores on the PA subscale correspond to higher levels of Burnout. Authors¹⁰ reported reliability coefficient of 0.90 for emotional exhaustion, 0.79 for depersonalization and 0.71 for decreased feeling of personal accomplishment.

METHOD OF DATA COLLECTION AND ANALYSIS

The Approval for the survey protocol was obtained from the ethical committee before the commencement of the study. The questionnaires, were sent to the six (6) geopolitical zones using the disproportionate stratified random sampling technique, 306 questionnaires were distributed 51 each to the six (6) zones. The center of collation were 6 University teaching hospitals, one each from the zones. University of Nigeria Teaching Hospital for the South East, National Hospital Abuja for North central, University of Maiduguri Teaching Hospital for Northeast, Ahmadu Bello University Teaching Hospital for the North west, University of Port-Harcourt Teaching Hospital for the South-south, University of Lagos Teaching Hospital for the southwest. Descriptive statistics such as mean, frequency, percentage and standard deviation were used, inferential statistics of T-test, was used in testing the hypotheses at 0.05 alpha level of significance.

RESULTS

Frequency distribution of Nigeria physiotherapist of

different socio demographic variables:

Table 1 reveals 51:7% of the participants as males and 48.3% as females. 28.4% of the participants were below 30 years old, 34.8% fall within 30-39years old, 28.4% were within the range of 40-49 years while 8.4% were within the range of 50-59 years old. 23.4% of the subjects have practiced for < 5 years, 50.7% have practiced between 5-10 years while 25.9% have practiced for more than 10 years 67.2% were married while 32.3% were single.

Figure 1

Table 1 Frequency Distribution of Nigeria Physiotherapists to Different socio-Demographic Variables

Variable	Number	Percentage%
Gender		
Males	104	51.7
females	97	48.3
AGE		
<30 yrs	57	28.4
30-39 yrs	70	34.8
40-49yrs	57	28.4
50-59yrs	17	8.4
> 59yrs	0	0
Years of Practice		
<5yrs	47	23.4
5-10yrs	102	50.7
>10yrs	52	25.9
Marital Status		
Single	65	32.3
Married	135	67.2

PREVALENCE OF BURNOUT SYNDROME AMONG NIGERIAN PHYSIOTHERAPIST

Table 2 reveals that 133 physiotherapist (66.2%) reported high levels of the first stage of burnout (EE), 24 physiotherapist (11.9%) showed moderate levels of EE while 44 physiotherapist (21.9%) showed low level of EE. 131 of the participants (65.2%) had high level of the second stage of burnouts syndrome (DP), 33 (16.4%) have moderate level of DP while 37 physiotherapist (18.4%) have low levels of the second stage. 152 physiotherapist (75.6%) had high level of decrease in PA, 18 physiotherapist (9%) had moderate level of decrease in PA while 31 physiotherapist (15.4%) showed low level of decrease in PA.

Figure 2

Table 2: Prevalence of Burnout Syndrome Among Nigerian Physiotherapist.

	HIGH	MODERATE	LOW
EE			
Number	133	24	44
Percentage%	66.2	11.9	21.9
DP			
Number	131	33	37
Percentage%	65.2	16.4	18.4
PA			
Number	152	18	31
Percentage%	75.6	9.0	15.4

EE – Emotional Exhaustion

DP – Depersonalization

PA – Personal accomplishment

PATTERN OF BURNOUT SYNDROME AMONG MALE AND FEMALE IN NIGERIA PHYSIOTHERAPIST.

Table 3 showed that males experience slightly higher level of the first stage (EE) and the third stage (PA) of Burnout syndrome than females while females experienced slightly higher level of the second stage (DP) than males. There was no significant difference in the various stages of Burnout syndrome EE, DP and PA among male and female Nigerian physiotherapist.

Figure 3

Table 3: Differences in various stages of Burnout syndrome among male and female Nigerian Physiotherapists.

Burnout Syndrome	Gender	Number	Mean \pm SD	df	T-test	P	Remark
EE	Male	104	36.03 \pm 13.46	199	1.813	0.07	N.S
	Female	97	32.70 \pm 12.56				
DP	Males	104	13.56 \pm 7.05	199	1.124	0.26	N:S
	Females	97	13.86 \pm 7.49				
PA	Males	104	25.61 \pm 12.01	199	-0.291	0.77	N.S
	Females	97	23.75 \pm 11.32				

Key:

SD = Standard deviation

Df = degree of freedom

P = P- value

N:S = Not significant

Test statistics –T test

DISCUSSION

The study reveals that 133 physiotherapist reported high level of the first stage of Burn out (EE), 24 physiotherapist showed moderate levels of EE while 44 showed low level of EE. 131 of the participants had high levels of the second stage of Burnout syndrome (DP) 33 had moderate level of DP while 37 physiotherapists had low level of DP. 152 physiotherapist had high levels of the third stage (PA), 18 had moderate level while 31 physiotherapist showed low level of PA. Males and females physiotherapist reported 36.04 ± 13.46 and 32.70 ± 12.58 respectively for the first stage of Burnout (Emotional Exhaustion), 13.56 ± 7.05 and 13.85 ± 7.49 for the second stage (Depersonalization) and 25.61 ± 12.01 and 23.75 ± 11.31 for third stage (Personal Accomplishment). However, there was no significant difference in the various stages statistically showing that gender was not a significant variable. This was in contrast with the works done on Burnout syndrome in Cypriot Physiotherapists¹³ which reported that the mean EE scores were significantly higher in female physiotherapist while PA scores were significantly higher in males and that gender was not a significant variable for DP.

CONCLUSION AND RECOMMENDATION

It can be concluded from this study that Nigerian Physiotherapists reported high level of the first stage of Burnout (EE), second stage of Burn out DP and the third stage of Burnout (PA). Any individual with series greater than or equal to 31 on the EE, and 11 on the DP and scores less than or equal to 35 on the PA subscale have high levels of Burnout.⁷ Nigeria Physiotherapist present with EE of 36.03, for males and 32.70 for females. DP of 13.56 for male and 13.86 for females, PA of 25.61 for males and 23.75 for females. It can be concluded that Nigerian Physiotherapists are highly Burnout, it can also be said that sex is not a significant variable to Burnout syndrome as there are no

significant differences among male and female. Employers of labour should create a conducive and a comfortable working an moment for Physiotherapists and employ more hands in our hospitals in order to reduce the prevalence of Burnout syndrome among Nigerian Physiotherapists. More Physiotherapists should be trained to cope with the ever growing population of Nigeria.

References

1. Leiter, P: M, Maslach, C. Burnout and quality in a sped-up-world. *The Journal for Quality and Participation*; 2001;24(2), 48-51.
2. Maslach, C. what have we learned about burnout and health? *Psychology and Health*;2001 ;16, 607-611.
3. Mirvis, D.M., Graney, M.J., & Kilpatrick, D.P.A. Trends in burnout and related measures of organizational stress among leaders of department of Veterans Affairs medical centers. *Journal of Healthcare Managemen*;1999; 44(5), 353-366.
4. Angerer, J.M. Job Burnout, *Journal of Employment Counselling*;2003; 40(3), 98-107.
5. Ramsay Health Care Euxton Hall Hospital Accessed on; 2009; 23/04/1:25a.m.
6. Pavlakis, A. Mood disturbances among nurses. *Nurseleutike*; 1996; 35(2) 173-179.
7. Maslach, C, & Leiter, M.P (The truth about burnout San Francisco Jossey Bass;1997.
8. Kelly, H & Walvoord, B.S. Understanding sonographer Burnout. *Journal of diagnostic medical sonography*;2006; 22:200-205.
9. Akoryd, D, Caison, A & Adams, R Pattern of burnout among U.S Radiographers. *Radiology Technology*;2002; 73: 215-223.
10. Maslach C. & Jackson, SE Burnout in organizational settings *Applied Psychology Annual*, Pajco(s); 1984; 133 – 153
11. Maslach, C, Jackson, SE & Leiter, MP Maslach Burnout Inventory Manual (3rd edition) consulting Psychological press;1996.
12. Bressi, C., Porcelana M, Gambinik O, Madia L, Muffatti R, Peirone Erlicher A, Scarone S, & Altamuta A Burnout among psychiatrists in Milan: *Psychiatric Services*;2009; 60; 985 – 988.
13. Pavlakis, A., Raftopoulos, V., Theodorou, M .Burnout syndrome in Cypriot physiotherapists. *Biomedical center Health service research*;2010;10:63-78

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