Burnout bij fysiotherapeuten met de verbijzondering manuele therapie

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Chapter 1. A study of the literature shows that scarcely any research has been done in the Netherlands into burnout among physiotherapists. The issue is addressed only by Kersten et al. (1997) as part of a wider study on the general well-being of physiotherapists. This study mainly showed the differences between the degree of burnout among physiotherapists and other health care workers, such as nurses, GPs and midwives.

On average physiotherapists appeared to suffer the least from burnout. These findings contradicted unpublished data of insurance company Movir, which indicated that amongst physiotherapists in particular there was a rise in sick leave on the grounds of vague psychological complaints. It appeared that little research into this subject had been done in other countries either, although publications from abroad did make it clear that as a professional group physiotherapists are in fact at risk of suffering burnout. Obviously, cultural and other differences make it difficult to compare physiotherapists in the Netherlands with, for example, physiotherapists in the United States, where most of the research into the subject has been conducted. International studies have also ascertained a significant relationship between burnout and factors such as workload, a lack of social support and insufficient career development. Since there are no known empirical data on this issue available in the Netherlands and, given the increase in sick leave in this group, this theme is highly relevant to physiotherapists. Furthermore, there is no up-to-date information available on the prevalence of burnout or on groups of physiotherapists particularly at risk of experiencing burnout. These considerations formed the basis for the studies discussed here.

Part I: First sample

Chapter 2. In order to determine the degree of burnout, the Dutch version of the well-known Maslach Burnout Inventory was used. A psychometric analysis of the Dutch version showed that this instrument could be effectively applied to physio-manualtherapists. The three factors on which it is based, namely emotional exhaustion, depersonalisation and lack of personal accomplishment, were found to be present to a high degree. Together, these three factors accounted for more than half of the variance. Emotional exhaustion alone accounted for 30%. As has already been ascertained by Shirom (1989) and Buunk and Schaufeli (1993), emotional exhaustion can in fact be regarded as the core symptom of burnout.
Chapter 3. The average burnout scores for physio-manualtherapists were compared with the norm scores reported in the manual of the Dutch version of the Maslach Burnout Inventory (Schaufeli & Van Dierendonck, 1995). On average physio-manualtherapists score relatively lower on the sub-scales of emotional exhaustion and depersonalisation and higher on the sub-scale of personal accomplishment. They are therefore a little less 'burnt out' than the groups for which the research results are reported in the manual, which consist mainly of GPs and nurses. This is consistent with the findings of Kersten et al. (1997). Of a number of biographic and demographic variables such as sex, age, marital status, years of employment and education, only difference in sex shows a significant correlation with average burnout scores. Men appear to experience burnout more frequently than women. It also turns out that characteristics of the working environment such as location, the number of patients treated per day, and the size of the local population, made no difference to the average burnout scores. Type of work was the only variable where a significant difference was found in the average scores on the sub-scale of depersonalisation. Physio-manualtherapists who work full-time scored higher on this sub-scale than those who work part-time. As this sample did not deviate significantly with regard to relevant characteristics from the membership list of the Dutch Association of Manual Therapists, these results may be considered representative of the working population of physio-manualtherapists.

Chapter 4. Among male physio-manualtherapists over the age of 40, a statistically significant interaction was observed between job requirements and career development, and the two burnout dimensions of emotional exhaustion and depersonalisation. Male physio-manualtherapists in this age group with high job requirements and good career development scored considerably lower on these dimensions than colleagues with poor career development. Among men under the age of 40, only job requirements had a significant effect upon emotional exhaustion whilst career development had a significant effect on both emotional exhaustion and depersonalisation. In the case of women, career development had a significant effect on emotional exhaustion only in the under-40 age group. This illustrates the crucial importance of good career development in preventing burnout as a result of high job requirements. Finally, the strongest correlation was found between workload and considerations during work (such as the risks of making mistakes and appreciation by patients), and the burnout dimensions of emotional exhaustion and depersonalisation. Physio-manualtherapists who are more burdened by work pressure and considerations during work suffer more from burnout than those who are less burdened by these factors.

Chapter 5. Work-related stress was found to have a positive relation whilst an active coping style was found to have a negative relationship with the three burnout dimensions of emotional exhaustion, depersonalisation and personal accomplishment. Physio-manualtherapists who were exposed to high levels of stress were more burnt out than colleagues with less work stress. People with a more active coping style suffer less from burnout than those with a less active coping style. Moreover, active coping appeared to act as a buffer on the dimensions of emotional exhaustion and depersonalisation. Active coping styles seem to lessen the degree of burnout when work-related stress is high.
PART II: SECOND SAMPLE

Chapter 6. Three years after the start of the project a second sample of the same professional group (physio-manualtherapists) was studied. Since this sample was considerably larger than the first, the psychometric features and the structure of the Dutch version of the Maslach Burnout Inventory were analysed again. Confirmative factor analysis again showed that burnout is a three-dimensional construct. This is consistent with the manual of the Utrecht Burnout Scale (UBOS), (Schaufeli & Van Dierendonck, 2000) which had appeared in the meantime. The inter-scale correlations are also the most similar to those described in the UBOS manual, but they are a little different from the values found in the first sample. The internal consistency of the three sub-scales in this study is similar to that observed in the earlier study.

Chapter 7. It turns out that three years later physio-manualtherapists have practically the same average burnout scores on the dimensions of emotional exhaustion, depersonalisation and personal accomplishment. Just as in the first sample, men score a little higher on emotional exhaustion and depersonalisation than women. The percentage of physio-manualtherapists who can be classified as ‘burnt out’ is virtually identical in both samples. In spite of the fact that the burden arising from non-patient-related activities such as additional training and paperwork has increased, three years later there is no difference in the degree of burnout. On the other hand, three years after the first assessment, the feeling of personal accomplishment has clearly lessened. In this sample too, a number of variables, such as age, years of employment and the number of patients treated per day, show no significant relationship with burnout. However, a clearly positive relationship was found between workload and unfulfilled expectations, and burnout. This study supports the earlier findings that physio-manualtherapists constitute a group which is at risk of suffering burnout and that a perceived excessive workload can contribute to burnout.

Chapter 8. The distribution of the average scores on the three burnout sub-scales is consistent with the high/low configuration in eight phases as proposed in Golembiewski and Munzenrider's model (1988). A test of Maslach's and Golembiewski's models, by means of a replication of an earlier analysis by Cordes et al. (1997), shows that among physio-manualtherapists the pattern of the three burnout dimensions is most in keeping with Maslach's model and somewhat less with Golembiewski's. However, there is an alternative pattern which matches the data a little better: personal accomplishment → emotional exhaustion → depersonalisation. Closer examination reveals that the items on the sub-scale for personal accomplishment are not directly related to the profession but have more to do with social and emotional skills. It is perfectly conceivable that initially a physio-manualtherapist suffering from burnout will be able to cope with purely technical actions, if necessary performed on automatic pilot. Employing social and emotional skills, in which physio-manualtherapists generally receive much less training, is likely to require more effort, and it is in this area that failure can be expected to occur first. This new sample again showed that workload has the strongest relationship with burnout.

Chapter 9. In the Discussion section of the final chapter it was stressed that physio-manualtherapists in the Netherlands as a professional group are at risk of suffering burnout. This is not only due to the many stressful aspects of the profession but above all to the presence or absence of the skills to deal with these aspects. It is advised to conduct a fol-
low-up study, with a longitudinal design, to study especially the influence of coping style, control in stressful professional situations and the availability of various skills to deal with it in a functional way. The Effort- Reward Imbalance Model (Siegrist, 1996) can be used as a theoretical starting point for this follow-up study. To be able to cope with the increasing physical and mental workload as a consequence of the social and economical developments within our society it is necessary to develop a socially active and skilful attitude.

The overall conclusion of this study is: The lack of social skills is the highway to burn-out.
References


