

## RESEARCH ARTICLE

# Prevalence and risk factors associated with burnout among occupational therapists

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## Abstract:

Occupational therapist (OT) is at risk of developing burnout due to high cognitive demand in job tasks and the complexity of the practice environment. In Malaysia, the prevalence and the extent of burnout levels among OTs remained in question due to no documented scientific evidence being available. This study aimed to examine the prevalence of burnout among OTs in Malaysia and its associated factors. A cross-sectional study was carried out via an online survey using the Malay version of the Copenhagen Burnout Inventory (CBI-M). The findings showed that OTs in Malaysia were vulnerable to burnout conditions with 69.4% reporting at least one burnout condition (n=108) where Greater Personal Burnout (65.7%) followed by Work-related Burnout (62.0%) and Client-related Burnout (52.8%) were reported. The burnout levels were shown to have a significant association with age and years of working experience ( $p < 0.05$ ). Meanwhile, the Client-related burnout, in particular, was shown to have differences with marital status. In conclusion, interventions and prevention programs related to burnout should be emphasized and executed at all levels of management to promote better occupational well-being among OTs in Malaysia.

**Keywords:** Burnout, Copenhagen Burnout Inventory(CBI-M), Occupational Therapist, Risk Factor

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## 1. INTRODUCTION

Burnout is a syndrome characterized by feelings of exhaustion, greater mental distance or cynicism toward work, and a decrease in professional efficacy, which resulted from chronic work-related stress that has not been managed properly (WHO, 2019). Recent studies on the causes of burnout among workers have found that both workplace-related and demographic factors can contribute to burnout. According to a study by Zhou et al. (2020), workplace issues such as a hostile work environment, unreasonable workload expectations, and a lack of work-life balance are strongly linked to burnout. In terms of demographic factors, a study of burnout by Gashmard et al. (2015) showed that burnout has a significant association with gender, educational level, and the place and condition of one's residence.

Burnout has been widely recognized as an occupational hazard to both human service professionals (Huang et al., 2021; Tabor, 1984) and healthcare professionals (Adwan, 2014; O'Connor, Neff & Pitman, 2018) such as occupational therapists (OT). OT works with a lot of people from all walks of life and that can be challenging as humans are complex beings with distinctive values, beliefs and personalities.

Apart from that, OT is also considered a burnout-causing profession because of its high demand for knowledge and cognitive resources such as problem solving and creativity (Derakhshanrad, Piven & Zeynalzadeh Ghoochani, 2019) in

order to promote, support or improve the functionality of their client in daily life activities (Katsiana et al., 2021).

Studies regarding burnout among occupational therapists have been conducted worldwide including in countries like Greece, Turkey, Spain, Philippines, and Portugal (Katsiana et al., 2021; Abaoğlu, Demirok & Kayhan, 2020; Escudero-Escudero, Segura-Fragoso & Cantero-Garrito, 2020; Delos Reyes, 2018; Reis et al., 2018). As of now, there was currently no documented evidence of such a study has been conducted in Malaysia yet. Like other occupational therapists around the world, occupational therapists in Malaysia also have the potential risk of developing occupational burnout due to the complex nature of the profession and cognitive-demanding job tasks. However, the prevalence and the extent of burnout levels remained in question due to no documented scientific evidence being available. Because of this, there was a lack of awareness regarding the issue of burnout among occupational therapists in Malaysia. This study aimed to explore the prevalence of burnout among occupational therapists that are currently working in Malaysia. The findings from this study can potentially act as an initiator to increase awareness regarding burnout among occupational therapists in Malaysia by acknowledging the risk of burnout and underlining the need for a strategy to overcome this issue.

**2. MATERIALS AND METHODS**

*Data collection procedure*

This cross-sectional study was executed after being granted ethical approval (FERC/FSK/MR/2022/0109) from the Ethics Committee of the Health Sciences Faculty, Universiti Teknologi MARA (UiTM). A total of 108 (n=108) occupational therapists fulfilled the inclusion criteria and were recruited via purposive sampling in this study. The inclusion criteria for this study include; (1) occupational therapist working in the central region part of Malaysia (Selangor, Kuala Lumpur and Putrajaya) (2) at least one year of working experience, while the exclusion criteria include: (1) occupational therapist working outside of central region part of Malaysia (2) diagnosed with mental illness. Participants in this study were contacted through online platforms such as WhatsApp, Facebook and email, and the data were collected using an online questionnaire. After participants have given their consent to take part in the study, an online survey was used to administer a self-reported questionnaire.

*Instrument*

The questionnaire used in this study consisted of two sections: Section 1: Demographic Data of participants and Section 2: Malay version of the Copenhagen Burnout Inventory (CBI-M) that has been translated, validated, and adapted for the Malaysian population by Chin et al. (2018). The questionnaire was distributed through several online platforms such as WhatsApp, Facebook and email using Google Form. Participants were required to answer all questions as responses for all items in both sections were mandatory.

*Data Analysis*

The data gathered was analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. To describe the variables derived from the demographic data, descriptive analyses (frequency, percentage, mean) were carried out. On the other hand, the Kruskal-Wallis H test and Spearman’s test were used were carried out to determine the association between burnout levels and demographic variables such as age, years of work experience, the number of children, and marital status.

**3. RESULTS AND DISCUSSION**

**3.1 Results**

Table 1 shows the characteristics of the sample in this study. A total of 108 (n=108) occupational therapists (25.0% men and 75.0% women) participated in this study. The mean (SD) age of the participants was 33.53(6.84) years and the age ranged from 24 to 57 years old. More than half of the participants were aged between 24 and 33 years old, 68 (63.0%). The majority were

married 57 (52.8%) and had 1 or more children 60 (55.6%). About half (58, 53.7%) of the participants were working in the hospital setting. Twenty-five (23.1%) of the participants were practising primary health care, while the majority, 44 (40.7%), had been in service as an occupational therapist between 1 to 5 years. Most of the participants (48, 44.4%) were working in Selangor.

Table 1. Distribution of the sample’s characteristics (n = 108)

Variable		Frequency	%
<b>Gender</b>	Male	27	25.0
	Female	81	75.0
<b>Age</b>	24 – 33	68	63.0
	34 – 43	30	27.8
	44 – 53	8	7.4
	> 53	2	1.9
<b>Marital Status</b>	Single	40	37.0
	Married	57	52.8
	Divorced / Separated	7	6.5
	Widow / Widower	4	3.7
<b>No. of Children</b>	0	48	44.4
	≥ 1	60	55.6
<b>Work Setting</b>	Hospital	58	53.7
	Health Clinic	26	24.1
	Community Centre	2	1.9
	Private Centre	22	20.4
<b>Area of Practice</b>	Primary Health Care	25	23.1
	Psychiatry	7	6.5
	Pediatric	20	18.5
	Orthopaedic	14	13.0
	Geriatric	10	9.3
	Neuromedical / Brain Injury	17	15.7
	Surgical / Burn	3	2.8
	RTW / RTD	8	7.4
	Spinal / Amputee	3	2.8
	Palliative Care	1	.9
	<b>Location of Service</b>	Selangor	48
Kuala Lumpur		35	32.4
Putrajaya		25	23.1
<b>Years of Experience as an OT</b>	1-5	44	40.7
	6-10	32	29.6
	11-15	16	14.8
	16-20	10	9.3
	21-25	5	4.6
	>25	1	.9

A total of 75 (69.4%) participants perceived to have symptoms of at least one burnout condition. Of the total sample shown in Table 2, 71 (65.7%) had symptoms of Personal Burnout (PB), 67 (62.0%) had symptoms of Work-Related Burnout (WB), and 57 (52.8%) had symptoms of Client Related Burnout (CB). The most common isolated burnout condition among the participants was PB (5, 4.6%), followed by WB (3, 2.8%) and CB (1, 0.9%). Twelve (11.2%) of the participants presented symptoms of two burnout conditions, with the most common being the combination of PB and WB, which accounted for 10 (9.3%) of the participants. Fifty-three (50%) of the participants experienced symptoms of PB, WB, and CB simultaneously.

Table 2: Prevalence of burnout levels in the sample of Malaysian occupational therapists

	Presence		Absence		Mean	SD
	n	%	n	%		
PB	71	65.7	37	34.3	58.06	24.69
WB	67	62.0	41	38.0	56.05	23.29
CB	57	52.8	51	47.2	50.39	28.03

The correlation between age and the three dimensions of burnout was found to be weak but positive and statistically significant: PB ( $r = .276, p = .04$ ), WB ( $r = .231, p = .016$ ), CB ( $r = .302, p = .01$ ). The value of the correlation was positive, it was inferred that burnout levels increase with age. The correlation between years of working experience and the three dimensions of burnout was also found to have weak but positive and significantly correlated with all three levels of burnout: PB ( $r = .269, p = .005$ ), WB ( $r = .203, p = .035$ ), CB ( $r = .253, p = .008$ ). The value of the correlation was also positive, it can be inferred that burnout levels also increase with years of working experience. As for the number of children, there was no significant correlation found between the number of children that the participants have and their burnout levels.

Table 3: Association between demographic variables (age, years of working experience, number of children) with 3 dimensions of burnout

	PB		WB		CB	
	p	r	p	r	p	r
Age	.004*	.276	.016*	.231	.001*	.302
Years	.005*	.269	.035*	.203	.008*	.253
Working experience						
Number of children	.377	.086	.437	.076	.160	.136

\*Correlation: (p,0.05) statistical test: Spearman's Correlation

The differences between levels of burnout and marital status revealed a non-significant difference between the levels of PB and WB across the four groups of marital status. However, there is a statistically significant difference in the level of CB across the four groups of marital status,  $X^2(3, n=108) = 9.604, p=0.022$ . Further comparison within the marital status group using Pairwise comparisons revealed significant differences between groups 1(single) and 4 (widow/widower), and groups 2 (married) and 4 (widow/widower), where  $p = 0.05$ .

Table 4: Difference between marital status with the three dimensions of burnout

	Marital Status	N	Mean	SD	Mean Rank	X2	P-value
PB	Single	40			52.55	3.507	0.320
	Married	57			52.96		
	Divorced / Separated	7	1.77	0.731	63.86		
	Widow / Widower	4			79.63		
WB	Single	40			54.75	5.284	0.152
	Married	57			51.21		
	Divorced / Separated	7	1.77	0.731	61.29		
	Widow / Widower	4			87.00		
CB	Single	40			51.28	9.604	0.022
	Married	57			52.15		
	Divorced / Separated	7	1.77	0.731	67.36		
	Widow / Widower	4			97.75		

\*Difference; (p,0.05) statistical test; Kruskal Wallis

Table 5: Pairwise comparisons of Marital status

	Test Statistic	Sig.
Single-Married	-.874	.892
Single-Divorced / Separated	-16.082	.209
Single-Widow / Widower	-46.475	.005
Married-Divorced / Separated	-15.208	.224
Married-Widow / Widower	-45.601	.005
Divorced / Separated-Widow / Widower	-30.393	.121

### 3.2 Discussion

#### *Prevalence of burnout syndrome and burnout levels among occupational therapists in the central region of Malaysia*

Malaysian occupational therapists were shown to be vulnerable to high burnout conditions as indicated by previous research done concerning occupational therapists in other countries (Katsiana et al., 2021, Anyfantis et al., 2020; Escudero-Escudero, Segura-Fragoso & Cantero-Garlito, 2020; Abaoğlu, Demirok & Kayihan, 2020; Reis et al., 2018). These findings can be interpreted based on the complex and demanding role of occupational therapists. As stated by Derakhshanrad, Piven & Zeynalzadeh Ghoochani (2019), occupational therapists are among the professionals in healthcare that are at risk of high occupational burnout due to the high knowledge-related job demand in terms of problem-solving and creativity.

In terms of burnout levels, results from this study showed that Malaysian occupational therapists are more likely to have burnout, especially concerning PB (65.7%) and WB (62.0%). Another study utilizing Copenhagen Burnout Instrument (CBI) by Reis et al. (2018) also reported that occupational therapists in Portugal showed greater burnout concerning WB (44.7%) and PB (43.6%). The similarity in results could indicate that PB and WB are more common among occupational therapists compared to CB. Previous research conducted in other countries such as Greece, Turkey and Spain (Katsiana et al., 2021; Abaoğlu, Demirok & Kayihan, 2020; Escudero-Escudero, Segura-Fragoso & Cantero-Garlito, 2020) also shows high levels of burnout among occupational therapists but unfortunately, the results cannot be compared, because the measurements were made with different burnout tools from what was used in this study.

#### *Association between the prevalence of burnout syndrome with demographic variables (age, years of working experience, number of children) among occupational therapists in the central region of Malaysia*

This study showed that higher rates of burnout were significantly associated with the increased age of occupational therapists. This finding was in line with the majority of previous studies that found a significant association between age and burnout levels in occupational therapists (Anyfantis et al., 2020; Escudero-Escudero, Segura-Fragoso & Cantero-Garlito, 2020; Delos Reyes, 2018; Reis et al. 2018; Bruschini, Carli & Burla, 2018). As mentioned by Reis et al. (2018), the association between age and burnout levels could confirm the underlying deterioration and challenges concerning people's ability to adapt to life changes as they age.

Apart from age, higher rates of burnout were also significantly associated with more years of work as occupational therapists. Such findings were also reported by previous studies by

Anyfantis et al. (2020) in Greece, Reis et al. (2018) in Portugal, Poulsen et al. (2014) in the United Kingdom, and Mozayan et al. (2012) in Iran. As confirmed by Duli (2016), years of working experience are considered an important predictor of professional burnout characterized by an increased level of exhaustion, more negative emotions toward work, and less perception of success concerning work.

As opposed to what was reported in previous studies (Escudero-Escudero, Segura-Fragoso & Cantero-Garlito, 2020; Katsiana et al., 2021), findings from this study showed that higher rates of burnout were not significantly associated with the number of children that the therapist had. Further research should be conducted to identify any plausible causes for the differences in the results.

#### *Difference between the prevalence of burnout syndrome with demographic variable (marital status) among occupational therapists in the central region of Malaysia*

Regarding the association between burnout levels and marital status, significant differences were observed concerning client-related burnout (CB) while no differences were observed with regard to personal burnout (PB) and work-related burnout (WB). Further comparison within the group of marital status revealed that the differences in CB were observed between groups of therapists who were single and therapists who have lost their spouses, and also between groups of therapists who were married and therapists who have lost their spouses. Although this finding is in agreement with previous studies (Anyfantis et al., 2020; Escudero-Escudero, Segura-Fragoso & Cantero-Garlito, 2020; Delos Reyes, 2018), which stated that marital status was one of the demographic variables associated with burnout, however, it is worth saying that testing using a larger sample size is required in the future research due to the very small number of occupational therapists belonging to the "Widow/Widower" group in comparison to the other groups within the marital status observed in this study.

### 4. CONCLUSION

The consistency in the prevalence rate of burnout conditions observed in this study and the vast majority of previous studies showed that occupational therapists are indeed at risk of high occupational burnout. Furthermore, the burnout level found out associated with age and years of working experience. Thus, it is very crucial to provide this profession with the appropriate coping mechanism and protection it needed. Interventions and preventive programs related to burnout among occupational therapists in Malaysia should be emphasized and executed at all levels of management to get the best possible outcome.

For future studies, using a larger sample size and more inclusive of all states in Malaysia is highly recommended to get the closest representation regarding the prevalence of

burnout experienced by the population of occupational therapists in Malaysia. It is also recommended to do more in-depth factors underlying burnout among occupational therapists in Malaysia by using a qualitative type of study in the future.

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