



FINDINGS FROM THE SAOT MEMBERS' WORKPLACE PSYCHOLOGICAL HEALTH SURVEY - JULY 2015

PART 1: MASLACH BURNOUT INVENTORY

In June 2015 144 SAOT members responded to the *Occupational Therapy Workplace Psychological Health* survey. The 1st series of questions were from the Maslach Burnout Inventory (Maslach 1996). The MBI explores the three components of burnout: emotional exhaustion, depersonalization and personal achievement. The MBI is not intended to be diagnostic but rather to raise awareness of potential risk for burnout. Research (Maslach 1996) suggests that burnout in mental health professionals is indicated by scores of 21 or more in section A (*Emotional Exhaustion*), 8 or more in section B (*Depersonalization*), and 28 or less in section C (*Personal Accomplishment*).

Emotional Exhaustion relates to feelings of being overwhelmed by work or even the idea of work, chronic fatigue, trouble sleeping, and physical problems. A key differentiation between workplace exhaustion and general depression is that the problems disappear outside of work. **Depersonalization** relates to loss of empathy for patients and, to a lesser extent, workplace interpersonal relations in general. Depersonalization is expressed as excessive detachment, cynicism, negative attitudes with regard to patients or coworkers, feelings of guilt, avoidance of social contacts and withdrawal into oneself. **Personal Accomplishment** relates to feelings of reduced personal achievement and self-efficacy. Individuals are more likely to evaluate their job performance in a negative light, feel unable to handle tasks skillfully, and begin to doubt their genuine abilities to accomplish job requirements.

Note: Unlike the categories of *Exhaustion* and *Depersonalization*, high scores in *Personal Accomplishment* are indicative of decreased risk of burnout and may serve a protective function.

What did we find in the SAOT survey?

We compared SAOT members' MBI scores to those from other studies of occupational therapists where the MBI was used. Two studies of burnout and workplace stress in occupational therapists used other tools that also categorized findings by exhaustion, depersonalization, and personal accomplishment (Gutierrez et al 2004) or with the Maslach Burnout Inventory-General Survey (MBI-GS) (Gupta et al 2012). As with the original MBI, high scores on emotional exhaustion and depersonalization/cynicism on the MBI-GS are indicators of risk for burnout and high scores on personal accomplishment are

interpreted as protective and so we included studies of OTs that used the MBI-GS or MBI-related tools for illustrative purposes in Table 1 as well.

Table 1: Comparison of MBI Scores by Category in Studies with Occupational Therapy Participants

	SAOT (2015)	Balogun et al (2002)	Lloyd & King (2004)	Oddie & Ousley (2007)	Painter (2003)	Rogers & Dodson (1988)	Schlenz et al (1994)	Gupta et al (2012)**	Gutierrez et al (2004)**	
Sample	143	138	304	9 OTs/ 115 nursing staff*	521	99	21 OT/19 PT *	76	110	
Location	Alberta, Canada Varied caseloads	New York, USA Varies caseloads	Australia, Mental Health caseloads	UK, Forensic hospital	USA-national survey Varied caseload	USA-southeastern states Varied positions	USA – Pacific northwest Rehab facilities	Ontario, Canada	Spain, varied caseloads	
Maslach category								High risk cut point		
EE^a	16.78	29.0	22.5	23	23.3	27.4	25.4	>21	2.81	2.49
DP^b	9.0	18.1	5.9	7	4.2	7.7	6.4	>8	2.23	1.87
PA^c	38.3	18.0	36.2	35	37.4	39.6	39.4	<28	4.36	1.73

Notes: EE=Emotional Exhaustion; D= Depersonalization; PA= Personal Accomplishment.

* scores were reported by the researchers without distinguishing between the two groups; ** non MBI studies but conceptually related domains

MBI scores : ^ahigh >26; average =17-26; low =<17, ^bhigh >12; average 7-12; low= <7; ^chigh >38; average = 32-38; low =<32 (Maslach 1996)

Emotional Exhaustion: The participants in the **SAOT members’ survey scored lower on Emotional Exhaustion than any of the participants in previous studies of occupational therapists.** Their mean score of 16.7 in the *Emotional Exhaustion* category placed the sample in Maslach’s “**Low Risk**” category for burnout.

What does low Emotional Exhaustion mean?

It is surprising that the mean *Emotional Exhaustion* score was low compared to other studies particularly given what we know about the high level of stress many occupational therapists report in their jobs. The MBI conceptualizes components of burnout as interactive, such that scores in one aspect may help reduce risk in another aspect. As early as 1988 occupational therapy researchers (Rogers and Dodson 1988) proposed that specific norms for occupational therapists should be developed. Without more background detail from participants and a larger, more representative, sample, it is not appropriate to draw any conclusions about the relatively low mean score for *Emotional Exhaustion* seen in the survey of OTs in Alberta. However, influences that possibly contributed to low emotional exhaustion scores include:

- Protective strategies could develop over the career path (60.8% of participants had 10 years+ experience)
- Older therapists could have more strategies to maintain emotional resilience (54.6% of participants were over 40 year of age).

- Work settings with greater or lesser autonomy and flexibility (e.g. self-employed therapists, community positions, long term care settings) may be less emotionally exhausting than settings with more rapid client turnover and standardized treatment protocols. Only 22% of the sample worked in acute care so their experience is under-represented in the survey.

Depersonalization: When compared to other studies of occupational therapists, 5 studies had lower scores and 3 studies had higher scores than the SAOT members. The SAOT study mean score of 9.0 for *Depersonalization* placed participants in Maslach’s “**High Risk**” category for burnout.

What does high Depersonalization mean?

Higher scores on *Depersonalization* indicate the tendency to be more cynical about patients/clients and to be less engaged. This can affect the therapeutic relationship and also spill over to erode positive and supportive relationships with co-workers. Of note, *Depersonalization* in OTs is highlighted by a number of researchers as scoring very low even when *Emotional Exhaustion* is high (Lloyd and King 2004; Oddie and Ousley 2007; Painter 2003). Low *Depersonalization*, indicative of empathy and caring, is protective of clients, patients and co-workers.

Some researchers propose that occupational therapists’ ability to maintain low *Depersonalization* is a strength of the profession and should be of reassurance to employers; “This is a positive finding for the National Health Service, in that, although a substantial number of mental health professionals experience emotional exhaustion, they continue to form therapeutic relationships with patients ...”

(Oddie and Ousley 2007:44). However, we need to consider- **what is the cost to therapists of maintaining this high level of client engagement even when experiencing high risk of burnout as indicated by their emotional exhaustion scores?** Equally importantly, if low scores on *Depersonalization* are interpreted by administration as indicating continued quality of patient care, than **does this decrease organizational incentive to address therapists’ psychological wellbeing in the workplace?**



What do you think?

SAOT members’ *Depersonalization* scores were in the MBI High Risk range. This could indicate that personal interactions with clients and patients were less positive and did not serve the same protective function of offsetting burnout that was found in other OT studies where *Depersonalization* was very low. A closer study of this complex relationship is indicated.

Personal Accomplishment: Participants in the SAOT survey, similar to participants in many of the other occupational therapy studies, ranked highly in this category. The MBI places scores of less than 28 in the high risk category. The SAOT participant group mean of 38.3 indicates participants had high levels of *Personal Accomplishment*; only 2 other studies of OTs found higher *Personal Accomplishment* scores.

What does high Personal Accomplishment mean?

High *Personal Accomplishment* scores are believed by a number of researchers to mediate the experience of burnout, helping occupational therapists maintain productivity and a caring, patient-centred approach despite high, continuous levels of emotional exhaustion. It is possible that high *Personal Accomplishment* scores are a positive sign and that the general tendency of occupational

therapists to be strong achievers serves to protect them from workplace burnout. Alternatively, in some situations, high *Personal Accomplishment* scores may mask the significance of high scores in *Emotional Exhaustion* and *Depersonalization* such that the total MBI score is reduced and employers do not feel the same degree of urgency to take action to protect and promote therapists' psychological wellbeing in the workplace.

The relationship between In MBI categories, age, and experience

It was interesting to see that scores on two categories of the Burnout Inventory- *Depersonalization* and *Personal Accomplishment* –were related to therapist's age and years of experience (Table 2). We found that therapists younger than 41 and those therapists with less than 10 years of experience were more likely to have high *Depersonalization* scores compared to occupational therapists 41 years of age+ and those with more than 10 years of experience. On the other hand, younger therapists and less experienced therapists were also more likely to have higher scores on *Personal Accomplishment* than older therapists and those with 10+ years of experience. As discussed above, these high *Personal Accomplishment* scores may serve an important protective factor against workplace burnout.

Because low *Depersonalization* and high *Personal Accomplishment* help protect against burnout, these differences are important to take into consideration when planning strategies to reduce workplace burnout. It appears that for younger therapists, and those with less experience, strategies to help reduce *depersonalization* and maintain the client/therapist relationship are particularly important. Conversely, for older therapists, and those with more experience, it appears that strategies should focus more on building a sense of *personal accomplishment* and achievement.

Why is there a difference in Maslach scores in relation to age and experience?

We have no clear answer to that question. It is logical that many of the older therapists are also the ones with more than 10 years of experience. However, why age and experience decreases feelings of personal accomplishment and increases feelings of being connected and engaged with clients, can only be speculated upon at this point.



What do you think?

It is possible that older and more experienced therapists are in positions of greater responsibility such that demands are higher and more difficult to achieve. This can create a challenge to maintaining feelings of personal accomplishment. Conversely, perhaps younger therapists are better able to navigate the job demands of an evolving healthcare system, or are better skilled in reflective practice, and therefore feel a stronger sense of personal accomplishment.

Perhaps older, and more experienced therapists, feel less depersonalization of their clients because they are working in positions where closer client/therapist relationships are possible. On the other hand, perhaps younger, and less experienced, therapists have positions where client acuity and turnover is much higher. In these settings relationships with clients are short-term and it is potentially more difficult to feel engaged and connected to clients as they come and go.

Table 2: Statistically significant relationships ($p=<$)between Maslach Burnout Inventory (MBI)/ occupational therapist's years of experience and age

MBI category	Age	Years of experience
• Emotional Exhaustion	/	/
• Depersonalization	.019 ^a	<.000 ^b
• Personal Accomplishment	.057 ^c	.004 ^d

Notes:

- Therapists younger than 41 years were more likely to have high Depersonalization scores than those 41+ years of age.
- Therapists with less than 10 years of experience were more likely to have higher Depersonalization scores.
- A trend for therapists younger than 41 years be more likely to have high Personal Accomplishment scores compared to those 41+ years of age was demonstrated.
- Therapists with less than 10 years of experience were more likely to have higher Personal Accomplishment scores

Summary

- SAOT members' responses seem to reflect that OTs in Alberta as a group are not in the high risk category for emotional exhaustion and also have an overall high rate of personal accomplishment on the MBI.
- Of concern is the overall higher rate of depersonalization- particularly in relation to other OT research studies.
- There are statistically significant differences in MBI scores in the categories of *Depersonalization* and *Personal Accomplishment* dependent on age group and years of experience. This seems to indicate that strategies to prevent or reduce the risk for burnout may need to focus more specifically on one component of burnout than the other depending on age and years of experience.
 - It appears that for younger therapists, and those with less experience, strategies to help reduce depersonalization and maintain the client/therapist relationship are particularly important.
 - For older therapists, and those with more experience, it appears that strategies should focus more on building a sense of personal accomplishment and achievement.

What next?

In coming SAOT e-blasts we will share the findings from the 2nd and 3rd sections of the survey related to work engagement and work addiction.

If you would like to share your thoughts or stories about psychological health in the OT workplace please click on <http://fluidsurveys.com/surveys/cary-R/ot-workplace-psychological-health-2/> for more information.

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