

A CORRELATIONAL STUDY ON PHYSICAL THERAPY AND BURNOUT

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ABSTRACT

Physical therapy is a patient-centered healthcare profession that treats patients via a hand on, exercise prescription and education approach to help patients achieve their functional and pain goals. Burnout arises when professionals face strenuous working environments with insufficient resources. Burnout is characterized by three domains: emotional exhaustion, depersonalization of care and low personal accomplishment. The purpose of this cross-sectional correlational study is to determine if burnout, along with emotional exhaustion, depersonalization of care, and low personal accomplishment are correlated with years of continuous physical therapy practice. A cross-sectional correlational study design was chosen for this study. One-thousand five hundred envelopes filled with an introductory letter, consent form, demographic survey and the Maslach Burnout Inventory was mailed to physical therapists who are members of the American Physical Therapy Association. Four hundred ninety-nine surveys were returned, and three hundred ninety surveys met the inclusion criteria. The average score for emotional exhaustion was 2.56, for depersonalization of care was 0.74 and for personal accomplishment was 5.23. A Pearson's coefficient was performed on the data. Emotional exhaustion was found to have a Pearson's coefficient of $r = -0.421$, $n = 390$, $p = 0.000$. Depersonalization of care was found to have a Pearson's coefficient of $r = -0.036$, $n = 390$, $p = 0.476$. Personal accomplishment was found to have a Pearson's coefficient of $r = 0.087$, $n = 390$, $p = 0.087$. A one-way ANOVA was performed to determine if there were statistically significant differences between emotional exhaustion, personalization of care and personal accomplishment and years of continuous physical therapy practice in five years increments. It was found that physical therapists with less than ten years of continuous physical therapy practice had a statistically significant difference than those with greater than twenty years of continuous physical therapy practice. There was no statistically significant difference found in physical therapists in regard to depersonalization of care and personal accomplishment. Emotional exhaustion is the first indicator of burnout and is high indicator for intention to leave the profession. More research needs to be conducted on physical therapy, burnout, along with the three domains, emotional exhaustion, depersonalization of care and personal accomplishment.

Keywords: physical therapy, burnout, depersonalization of care, personal accomplishment, emotional exhaustion, physical therapy education.

INTRODUCTION

Since 2010, there has been a 186% increase in Doctor of Physical Therapy (DPT) graduates from accredited institutions (Commission on Accreditation in Physical Therapy Education [CAPTE], 2018). Each year, accredited programs in the United States (U.S.) graduate over 10,000 DPT students. However, the American Physical Therapy Association (APTA, 2019) has estimated that over 26,000 jobs will not be able to be filled by 2025, secondary to a shortage of physical therapists. This can cause an increased workload for practicing physical therapists in jobs where vacancies exist.

Physical therapists who work multiple jobs or reside in less desirable locations may experience a decrease in psychological well-being (Sette, 2016). Bruschini et al. (2018) found that if a physical therapist is working in a less desirable setting than they have envisioned for themselves and cannot obtain desired achievement results, it can lead to burnout. Lo et al., (2017) found that the prevalence of burnout in physical therapy is 45-71%. Burnout research in physical therapy is limited causing a high variance in the prevalence of burnout. Physical therapy burnout in the U.S. was studied briefly in the 1980s and 90s and has only been studied in the acute care setting in most recent years in the U.S. (Lau et al., 2016) Burnout is comprised of three main components: emotional exhaustion, depersonalization of care, and low personal accomplishment (Robins et al., 2018). While there has not been extensive research in the field of physical therapy, there has been research in multiple healthcare fields.

Emotional exhaustion is when one feels overextended in their job, experiences extreme fatigue, and feels their emotional resources have been drained (Lee & Cheiladurai, 2015). In Saudi Arabia, a strong association between emotional exhaustion and workload demands in physical therapists was found (Al-Imam & Al-Sobayel, 2014). Saudi Arabia was looking to determine the prevalence of burnout in their physical therapists to assist organizations to provide a better working environment. Emotional exhaustion can lead to the depersonalization of care to help cope with work stress (Bakker et al., 2002).

When healthcare professionals feel an extreme detachment from their job and has a negative response towards their patients, they are experiencing depersonalization of care (Wheeler et al., 2011). Depersonalization of care has been found to be greater in older individuals. Further, Pustulka-Piwnik et al. (2014) reported an increase in depersonalization among male physical therapists, hospital physical therapists, and physical therapists who have been employed in physical therapy for 15-19 years. Depersonalization can lead to physical therapists feeling detached from their work and no longer seeing the benefits of what they do for their patients (Bridgeman et al., 2018).

Personal accomplishment is when healthcare professionals feel competent to deliver services to patients and are productive at their job (Wheeler et al., 2011). When physical therapists have feelings of incompetence and reduced productivity, they are more susceptible to burnout and are defined as having low personal accomplishment (Bridgeman et al., 2018). Gam et al. (2016) reported that art therapists who had lower

burnout rates had higher self-efficacy and personal accomplishment. They went on to state that this group of therapists had lower oversight and supervision from their managers and were able to develop better-coping strategies to deal with a high-stress occupation. With improved coping strategies, burnout could be decreased amongst therapists (Gam et al., 2016).

Burnout is continuing to occur in all facets of healthcare. The issues surrounding burnout in physical therapy still need to be addressed as job vacancies continue to increase, and physical therapists continue to leave the profession and seek other opportunities. Burnout in healthcare professionals not only leads to medical errors but is also connected with poor quality of patient care (Bogiatzaki et al., 2019). Poor quality of care leads to poor patient satisfaction, higher rates of health-care acquired infection rates and increased mortality rates (Arrogante & Aparicio-Zaldivar, 2017). Poor patient safety and increased medical errors can lead to poor medical professional's well-being (Bridgeman et al., 2018).

PROBLEM STATEMENT

The problem was to determine if burnout, along with emotional exhaustion, depersonalization of care and low personal accomplishment, are correlated with continuous physical therapy practice. Physical therapy is an occupation that through patient and caregiver education, graded exercises and hands-on care will improve the quality of life of patients and the community (APTA, 2020). In 2019, Forbes looked at job openings, earning potential, and overall job satisfaction of jobs around the U.S. and found that physical therapy was one of the top 50 jobs in America (Columbus, 2019). CAPTE (2018) also found that over the last decade, accredited physical therapy programs have increased the number of physical therapy graduates by 186%; yet companies continue to have difficulty filling staff, management, and teaching positions. The APTA (2019) model estimates that by 2025, over 26,000 physical therapy jobs could remain vacant.

The model of predicted vacancies is troublesome for the physical therapy profession. As the Baby Boomer generation continues to age, the need for physical therapy will only continue to grow. This can cause an increase in workload for physical therapists, which has been shown to lead to emotional exhaustion (Arrogante & Aparicio-Zaldivar, 2017). Currently, workload demands are already high for physical therapists (Castin, 2015; Delores, 2015). Delores (2015) found that therapists were expected to be 93% productive. Castin (2015) applied for a job where expectations were 100% productivity throughout the day. With these expected productivity levels, physical therapists are given less than 30 minutes a day to perform administrative duties and to work on the progression of knowledge to further their career. This goes against the recommendation that as workload demands increase, physical therapists need extra time to decompress and prepare for the following task (Bridgeman et al., 2018).

Burnout has been studied in multiple healthcare fields and when healthcare professionals experience burnout syndrome, they have a higher tendency to withdraw

from their job and have a greater intention to leave the profession (Bogiatzaki et al., 2019). Burnout syndrome can increase stress on healthcare professions and their colleagues, patients, supervisors and organizations as a whole (Bogiatzaki et al., 2019). In the perfect storm, this leads to impacted patient safety and care, leading to increased medical errors and decreased quality of care (Arrogante & Aparicio-Zaldivar, 2017).

While there has been extensive research regarding healthcare professionals and burnout rates, the research in physical therapy is limited and outdated. The majority of physical therapy burnout research has been completed globally and is limited in generalizability among populations and clinical settings (Pustulka-Piwnik et al., 2014). Minimal research has been conducted in the U.S. looking at burnout and its components amongst physical therapists and at what point in their practice it is likely to occur.

PURPOSE OF THE STUDY

The purpose of this cross-sectional correlational study was to determine if burnout, along with emotional exhaustion, depersonalization of care and low personal accomplishment, are correlated with years of continuous physical therapy practice. The APTA has estimated that over 26,000 physical therapy jobs will be vacant in 2025, yet no studies have been able to determine the cause of this increase in vacancies (APTA, 2019). This study determined whether there was a high-risk group, based on years of continuous practice, and which of the dimensions of burnout (emotional exhaustion, depersonalization of care and low personal accomplishment) they are at high risk for. If this study shows a correlation, it can set the foundation for future research to determine the risk factors of burnout amongst physical therapists in the U.S.

Research Questions

The quantitative cross-section correlation research study addressed the following questions:

1. **RQ1.** Is there a relationship between the number of years of continuous physical therapy practice and emotional exhaustion among physical therapists?
2. **RQ2.** Is there a relationship between the number of years of continuous physical therapy practice and depersonalization of care among physical therapists?
3. **RQ3.** Is there a relationship between the number of years of continuous physical therapy practice and personal accomplishment among physical therapists?
4. **RQ4.** Is there a relationship between the number of years of continuous physical therapy practice and burnout among physical therapists?

Hypotheses

The following hypotheses were tested:

5. **H₁.** There is a significant relationship between the number of years of continuous physical therapy practice and emotional exhaustion.

6. **H₂**. There is a significant relationship between the number of years of continuous physical therapy practice and depersonalization of care among physical therapists.
7. **H₃**. There is a significant relationship between the number of years of continuous physical therapy practice and personal accomplishment among physical therapists.
8. **H₄**. There is a significant relationship between the number of years of continuous physical therapy practice and burnout among physical therapists.

LITERATURE REVIEW

Burnout and Healthcare

Burnout can lead to many risk factors for not only the healthcare professional, but also for the organization they work for. Increased job withdrawal and intention to leave is highly correlated with burnout (Atkinson et al., 2017; Arrogante & Aparicio-Zaldivar, 2017). During burnout, healthcare professionals show an increase in absenteeism from work, this leads to increased job stress on their colleagues and supervisors (Bogiatzaki et al., 2019). Absenteeism can cause an increase in workload and longer work shifts for colleagues; another predictor of burnout for healthcare professionals (Atkinson et al., 2017). The cumulative effect of job withdrawal, absenteeism, intention to leave, increased workload and long work shifts can lead to increased medical errors and poor patient quality of care (Atkinson et al., 2017; Bridgeman et al., 2018). While these are the effects on the organization, there are significant detrimental outcomes for healthcare professionals' health when experiencing burnout.

If healthcare can shift from a reactive to a proactive approach of burnout, it can not only reduce burnout, but it can guard against attrition, medical errors, poor quality of care and improve the health of employees (Bridgeman et al., 2018). However, when there is a wrong fit, it can lead to increased psychological and psychosomatic illness in healthcare professionals.

Physical Therapy and Burnout

Physical therapists play a vital role in healthcare by seeing patients every day in the hospital setting to two to three times a week in the outpatient and home healthcare settings to help patients restore their functional mobility (World Federation of Physical Therapy, 2016). There is limited research in identifying whether physical therapists are more susceptible to burnout. The first study to examine burnout in physical therapy was conducted by Schuster et al. (1984) who found that 53% of physical therapists experienced burnout and that it had detrimental effects not only on the physical therapists, but also the patients the physical therapists saw and the organization for whom the physical therapists worked. From 1984 to 1997 there was few studies published on burnout among physical therapists (Wandling & Smith, 1997). Wandling and Smith (1997) found that more research needed to be conducted to identify physical therapists at risk for burnout and to help identify effective strategies to prevent and cope with burnout.

Globally, there has been an uptick in research identifying whether physical therapists are at risk for burnout, however, the research has been sparse. In Saudi Arabia, Al-Imam and Al-Sobayel (2014) stated that physical therapists had moderate to high levels of burnout associated with workload, specialties and emotional exhaustion. In Brazil, a study was conducted looking at adult intensive care unit (ICU), pediatric ICU and neonatal ICU physical therapists and burnout. Dias de Silva et al. (2018) concluded that 48.72% of adult ICU physical therapists experienced burnout while 47.06% of pediatric and neonatal ICU physical therapists experienced burnout. They also concluded that emotional exhaustion impacted 56.42% adult ICU and 64.71% pediatric and neonatal ICU physical therapists. Poland has published the greatest amount of literature looking at physical therapy and burnout. Juszkiwicz and Debska (2015) concluded that physical therapists experienced high rates of burnout when they worked in public owned physical therapy health centers versus privately owned clinics and physical therapists experienced higher burnout due to increased stress at home and work and when they utilized avoidance coping strategies.

Pustulka-Piwnik et al. (2014) determined that physical therapists experienced increased emotional exhaustion when they were working with adults and were employed in hospitals; male physical therapists were at an increased risk for depersonalization of care as were hospital workers and employees who had been working for 15-19 years. Decreased personal accomplishment mainly impacted men and physical therapists who were less educated. Wilski et al. (2015) discovered that physical therapists had an increased risk of burnout if they had a poor locus of control, used emotion focused strategies and did not use problem focused strategies when dealing with conflict.

While there has been more research on physical therapy and burnout globally, research on physical therapy and burnout in the U.S. is scarce. Berry and Hosford (2015) studied burnout in physical therapists in Frontier counties and found moderate levels of emotional exhaustion but low levels of depersonalization of care and high levels of personal accomplishment. Significant research has not been completed in the U.S. on physical therapy and burnout since Schuster et al. (1984) found that 53% of physical therapists were experiencing burnout.

Emotional Exhaustion

Healthcare professionals are at risk for emotional exhaustion for a multitude of reasons. There is mixed research on how age effects emotional exhaustion. Some studies found that younger professionals are at higher risk due to working around the clock to reach their goals and being dissatisfied when it does not come to fruition in the timetable they have set for themselves (Atik et al., 2019). However, other studies have found that the longer a healthcare professional works in the field, the more likely they are to experience emotional exhaustion because they have a harder time replacing depleted emotional resources (Lau et al., 2016).

Healthcare professionals who have increased emotional exhaustion tend to have poorer health and decreased satisfaction at work (Lo et al., 2017). Several studies found that

emotional exhaustion is highly correlated with depression, anger and increased anxiety levels (Pustulka-Piwnik et al., (2014). Liu and Yu (2019) showed that healthcare professionals with increased emotional exhaustion had a more difficult time staying calm in stressful situations and showed poor ability to control impulses. This all leads to mental disease, poor job performance and satisfaction, possible workplace injuries and increased absenteeism which have negative effects on patients, employees and organizations (Liu & Yu, 2019).

A way to counteract emotional exhaustion and the consequences is to assist employees in finding emotional stability (Dhaini et al., 2018). Emotional stability allows for employees to be more adaptable to changing conditions in healthcare leading to more resiliency within the workforce (Liu & Yu, 2019). It also allows for enhanced coping strategies and decreased avoidance strategies to help healthcare professional respond to patients' needs (Dhaini et al., 2018). If healthcare professionals can find ways to refill their emotional storage, they will find ways to respond to their patients, increase quality of care, improve safety, motivation, professional success and prevent cynical attitudes from forming leading to a decreased risk of emotional exhaustion and burnout (Dhaini et al., 2018).

Depersonalization of Care

Depersonalization of care is a lack of concern and negative attitude in relation to patients, staff and coworkers leading healthcare professionals to treat others in a dehumanized way (Dias de Silva et al., 2018). Depersonalization of care is intensified with prolonged stress (Gam et al., 2016). Professionals distance themselves from their patients, coworkers and staff as a defense mechanism to help manage emotional exhaustion (Bogiatzaki et al., 2019).

Healthcare professionals deal with multiple stressors each day which include long hours, increased workload and increased pressure that led to emotional distancing (Bogiatzaki et al., 2019). In school and clinical rotations, healthcare professionals are not instructed on how to cope with the interpersonal relationships that are part of tending to patients who are in pain and who are dying (Bogiatzaki et al., 2019). Secondary to this lack of training, healthcare professionals distance themselves from patients, families and caregivers and are unable to offer them the support needed during trying and uncertain times (Bogiatzaki et al., 2019). Guo and Zheng (2019) found that death education and related training decreased depersonalization of care in nurses dealing with end-of-life care and allowed for increased quality of care during difficult times.

Depersonalization of care leads to indifference, cynicism and lack of understanding what patients need during times of sickness (Bruschini et al., 2019). Healthcare professionals whom have moderate to high levels of depersonalization of care tend to have poor patient satisfaction results, patients with perceived poorer quality of life and had patients that were more depressed than patients who had healthcare professionals who were not experiencing depersonalization of care (Castin, 2015). Dias de Silva et al.

(2018) found that depersonalization of care leads to poor patient outcomes and care. In fact, Chao (2019) found that depersonalization of care can have greater impact on patient care than emotional exhaustion and low personal accomplishment. The impact on patient care can lead to increased risk to the patient (Arrogante & Aparicio-Zaldivar, 2017).

Low Personal Accomplishment

The third component of burnout is low personal accomplishment. Low personal accomplishment is when a healthcare professional feels incompetent, even in the face of achievement, and cannot see the positive effect they are having in their job (Bogiatzaki et al., 2019). These healthcare professionals will continue to try to do more, as they do not feel what they are doing is good enough, even when people tell them the positive effects of their work (Bruschini et al., 2018). This can lead to feelings of inadequacy, irritability and loss of motivation lead to the inability to handle stress, inability to be empathetic and decreased self-esteem (Atik et al., 2019).

Poor self-esteem, low professional identity and emotional insecurity are characteristics that can lead to low personal accomplishment. Professional identity is the strongest predictor of low personal accomplishment (Manomenidis et al., 2017). When employees understand their worth and place inside of an organization, it improves their professional identity. However, when that vision is unclear, it can lead a diminished feeling of personal accomplishment (Bruschini et al., 2018). Emotional insecurity can lead to professionals feeling uneasy at work and having insufficient self-competence which can be a breeding ground for feelings of low personal accomplishment and burnout. While there are intrinsic factors that influence personal accomplishment, there are also extrinsic factors involved.

Low personal accomplishment can lead to healthcare professionals feeling a lack of personal success contributing to feelings of worthlessness (Manomenidis et al., 2017). These inner feelings can then lead to them feeling weak, insufficient and unsuccessful, even when others around them see and appreciate their work and accomplishments (Kutlurkan et al., 2016). All of these feelings lead to reduced personal accomplishment which increases the risk of burnout (Abhichartibutra & Tungpunkom, 2019).

THEORETICAL FRAMEWORK

Burnout syndrome was first coined by Herbert Freudenberger in 1974 and has been studied extensively over time. Burnout is defined as a syndrome of emotional exhaustion, depersonalization of others, and feelings of low personal accomplishment in the helping professions (Maslach et al., 1996). Lee and Ashforth (1990) took this definition and expanded it further and described the process as a stress-strain coping framework. Stress is linked to anxiety, tension, and fatigue, which is often associated with emotional exhaustion. Strain is connected to the psychological effects of emotional exhaustion that lead to treating patients as a number versus a human being

(depersonalization of care). The combination of emotional exhaustion and depersonalization of care leads to low personal accomplishment and concluding the continuum of burnout (Bakker et al., 2002).

Emotional exhaustion is defined by feelings of being overextended, feelings of extreme fatigue, and feelings of drained emotional resources (Lee & Cheiladurai, 2015). Emotional exhaustion is the primary indicator of burnout (Wheeler et al., 2011). Emotional exhaustion is found when there is an increase in work demands, poor relationships with colleagues and supervisors, poor work-life balance and inflexibility with schedules. This leads to poor outcomes for employees, patients, and the organization (Dhaini et al., 2018).

Depersonalization of care is characterized by an extreme detachment from job functions and a negative demeanor towards patients and the position (Abhicharttibaltra & Tungpunkom, 2019).

However, depersonalization of care only makes the job more manageable for a short period of time. As negative attitudes towards the job and patients grow, employees begin to feel detached from their work and progress (Chao, 2019). By removing the human touch from their job, this ultimately prohibits the employee from caring about the outcomes of their patients (Bridgeman et al., 2018).

Personal accomplishment is when a person has a sense of achievement in their job, is productive and efficient at work, and has a sense of competence (Abhicharttibaltra & Tungpunkom, 2019). Personal accomplishment embodies an aspect of self-efficacy and allows a person to adjust to stressful situations (Lee & Ashforth, 1990). It also provides for coping with negative situations and enables employees to feel competent and productive (Wheeler et al., 2011). Personal accomplishment tends to be worded positively throughout burnout inventories; however, research shows that burnout leads to a diminished feeling of personal accomplishment (Bridgeman et al., 2018).

RESEARCH DESIGN

This study examined burnout, emotional exhaustion, depersonalization of care, and personal accomplishment, specifically how years of continuous physical therapy practice impact these variables in physical therapists. A cross sectional study allowed for causal relationships to be identified between burnout and physical therapists. The focus of this study was whether years of continuous physical therapy practice as a physical therapist had a positive or negative relationship on burnout and the three-factor model.

Participation

Of the 185,000 physical therapists in the U.S., 1,500 physical therapists were randomly chosen to participate in this study. This sample population consisted of physical therapists who work in a variety of settings, had a variety of experiences and had a variety of continuous years of practice in order for this study to be applicable (Mertler,

2018). For this study, simple sampling was chosen as it gives an equal opportunity for all participants to be chosen for the study. Utilizing a confidence interval of 95%, a z-score of 1.96, a standard deviation of .5, and a confidence interval/margin of error of +/- 5%, the sample size is estimated to be 384. With a return rate of 23-40% for surveys, a minimum of 1,500 surveys were mailed out in order to achieve a minimum return of 384 surveys.

Data Collection

Contact with the American Physical Therapy Association (APTA) commenced upon approval to contact APTA members to participate in the research study. The APTA allows researchers the ability to rent the addresses of APTA members. The APTA emailed a randomized list of 1,500 APTA members. Once the list was obtained, envelopes were stuffed with the introductory letter, consent form, demographic survey and Maslach Burnout Inventory (MBI) and addressed to the APTA members. Pearson's coefficient was utilized to determine whether positive or negative correlations between years of practice and overall burnout, emotional exhaustion, depersonalization of care, and personal accomplishment.

Data Analysis

This study was conducted by utilizing 390 surveys. Once the surveys were returned, data was coded and entered it into SPSS version 26. Person's coefficient was initiated to determine if there is a correlation between burnout, emotional exhaustion, depersonalization of care, personal accomplishment and years of practice. SPSS was also utilized to find median age, years of practice, gender and professional setting. The Maslach Burnout Inventory was used and required participants to answer 22 questions related to burnout using a seven-point Likert scale allowing for a linear relationship to be determined. The analysis gave a number on the scale of -1 to +1. If the correlation was 0 to +1, it showed a positive relationship, and if it was 0 to -1, it will show a negative correlation. Association does not equate to cause and effect. The determination of whether there was a relationship is an essential first step in future research into physical therapy and burnout. Table 1 shows the summary of findings for each category of burnout.

Table 1. Categories of Burnout

	Mean	Standard Deviation	Pearson's
Emotional Exhaustion	2.56	1.25	-.423
Depersonalization of Care	.74	.74	.390
Personal Accomplishment	5.23	.57	.087

EVALUATION OF THE FINDINGS

In this study, it was hypothesized that there would be a statistically significant relationship between emotional exhaustion, depersonalization of care, low personal accomplishment and burnout with years of continuous physical therapy practice. The hypothesis was not supported by the data analysis as there was no correlation found. However, deeper analysis did show that there are some groups that were experiencing higher levels of emotional exhaustion compared to other groups, but all had low levels of depersonalization of care and high levels of personal accomplishment.

Emotional exhaustion is the domain that is most frequently felt and is also the first sign of burnout (Gam et al., 2016). Emotional exhaustion scored the highest out of all three domains with an average of 2.56 on the MBI. While completing more data analysis, it was found that those in the first ten years of their physical therapy career were averaging 3.5 points in emotional exhaustion compared to 1.9 for those with 30+ years of experience. With a one-way ANOVA, this was a statistically significant difference ($p = 0.000$). This paralleled current research that showed that younger professionals are at higher risk of developing emotional exhaustion compared to those that have been practicing longer (Atik et al., 2019; Kutlurkan et al., 2016). Emotional exhaustion is an indicator of leaving the medical field, thus leading to increased vacancies in physical therapy (Atik et al., 2019). Emotional exhaustion in physical therapists with less than ten years of continuous physical therapy practice could be an indicator on why physical therapists are leaving the field and having an increase in vacancies throughout the U.S.

Depersonalization of care was not found to have a positive or negative relationship with years of continuous physical therapy practice. This finding does not support that physical therapists are feeling detached from their job and patients, thus leading to burnout. With an average score of .71, physical therapists in this study had low depersonalization of care, which is not indicative of burnout. Research in healthcare showed that younger professionals tended to have higher depersonalization of care; however, in this study, younger physical therapists have similar depersonalization scores as those with more experience (Atik et al., 2019).

Personal accomplishment was the third domain that was researched in this study. There was no positive or negative correlation found with personal accomplishment and years of continuous physical therapy practice. In fact, physical therapists averaged a personal accomplishment score of 5.2, which is indicative of high personal accomplishment. With low personal accomplishment being a main symptom of burnout, these results do not support that personal accomplishment, along with burnout is a cause of physical therapists leaving the

With physical therapists having low depersonalization of care, high levels of personal accomplishment and moderate levels of emotional exhaustion, there were no findings of burnout amongst the sample of physical therapists. These results do not parallel similar physical therapy burnout research conducted globally (Al-Imam & Al-Sobayel, 2014; Pustulka-Piwink et al., 2014). These results have not shown a relationship between

burnout and continuous years of physical therapy practice. However, the study did find a statistically significant difference with emotional exhaustion and less than ten years of continuous physical therapy practice. With emotional exhaustion being the first indicator of burnout and intention to leave the field, this does support the problem of having a physical therapist shortage.

CONCLUSION

This study was the beginning of determining whether burnout exists among physical therapists in the U.S. This study had limitations that could be addressed in future research. The first limitation was that only APTA members were asked to participate. When looking at the numbers of APTA membership, 70% are women and a larger percentage of members have been practicing for greater than 20 years. In this study, 73% were women and over 62% had been practicing greater than 20 years. Researchers need to find a way to reach physical therapists who have been in the field less than 20 years and have a more even distribution of years of experience. The second limitation was that this study was performed during a pandemic. Waiting for the pandemic to be over and medical experiences to go back to a more normalized setting might give different perspectives. Coronavirus is new territory for medical professionals and quick adaptations had to be made. A major innovation implemented during this pandemic was the usage of telemedicine by physical therapists. With successful implementation, physical therapists were able to help their patients, have high patient satisfaction, work one-on-one with patients and still have a job which in turn, increased their satisfaction.

During the study, many physical therapists would put why they felt that way next to their answers. Physical therapists wanted to be heard and have their feelings addressed. There were multiple responses that came back who wrote paragraphs on the why and what they felt needed to be changed. A mix-method sample would have the ability to receive more insight and future research on how to improve burnout, emotional exhaustion, depersonalization of care and decreased personal accomplishment in physical therapists.

Following the conclusion of this study, a secondary study should be implemented utilizing similar methodology, after the pandemic and lives have returned to the new normal. Researchers should find a new way to reach physical therapists that will reach a greater distribution of years of continuous practice which will allow for more even distribution of physical therapists. This research will allow the field to see how is at greatest risk and then provide more research ideas to help be proactive in reducing risk of burnout and its three domains.

The results of this study also suggested that years of continuous physical therapy practice and depersonalization of care, personal accomplishment and burnout do not have a positive or negative relationship. A more thorough investigation may be warranted with finding physical therapists outside the APTA membership, conducting the research after the pandemic and completing a mixed-method study to start

determining the why component of emotional exhaustion will be beneficial to the profession.

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