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THE RELATIONSHIP BETWEEN BURNOUT AND WORK LIFE BALANCE IN OCCUPATIONAL THERAPISTS AND SPEECH THERAPISTS WORKING WITH PEDIATRIC POPULATION

Original Research

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ABSTRACT

BACKGROUND: Burnout is a syndrome as hypothesized resulting from chronic workplace stress that has not managed successfully. It is characterized by three extents; emotional exhaustion, depersonalization, reduced personal accomplishment. Work–life balance is essential for health care professionals to prevent burnout, maintain mental and physical health, and deliver high-quality patient care.

OBJECTIVE: To find out the relationship between burnout and work life balance in occupational therapists and speech therapists working with pediatric population.

METHODOLOGY: It was a Cross-sectional Study. Non-Probability Convenient sampling technique used. The sample size was 70. The duration of the study was 6 months. Maslach Burnout Inventory and Life Balance Inventory were the questionnaires used to assess burnout and work life balance.

RESULTS: The total number of participants was 70 in which occupational therapists were 35 (50%) and others were speech therapists (50%) as shown in Table 3. Participant's gender division showed that there were more females (88.6%) than males (11.4%) as shown in Table 2. The frequency and percentage distribution of burnout levels across three dimensions: emotional exhaustion, depersonalization, and personal achievement. Emotional exhaustion shows the majority (47.1%) experiencing low-level burnout, while high burnout is minimal (11.4%). Depersonalization is highest at the high-level burnout stage (41.4%). Personal achievement exhibits the highest proportion (62.9%) with low-level burnout, indicating a stronger sense of accomplishment among the majority as shown in Table 4, 5&6. There is no significant relationship observed between OTs and STs in relation to burnout and work life balance with X^2-value 0.79 because the two groups showed similar rates of burnout.

CONCLUSION: Concluded from present study that there is no significant relationship observed between the occupational therapists and speech therapists in relation to burnout and work-life balance.

KEY TERMS: Burnout, Occupational therapists, Pediatric population, Speech therapists, Work life balance.

INTRODUCTION

Burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed[1]. It is characterized by three extents: Emotional exhaustion is related to nervousness; sleep problems, and tiredness caused by energy deficiency and a lack of motivation. Depersonalization is defined as defensive behavior used to avoid or decrease stress by treating others as objects instead of people in the workplace. Reduced personal accomplishment refers to the tendency of an employee to a negative self-assessment, feeling less experienced and successful and disappointed with their personal achievements[2]. Healthcare Workers (HCWs) are more often prone to job burnout, with the highest levels reported among pediatric occupational therapists and speech therapists because they are subjected to excess work-related stress. It not only results in poor physical and mental health, lack of inspiration and concentration, low confidence and productivity, and increased risk of making mistakes in the staff, but also causes worsening of the quality of care provided by the affected staff that leads to poor consequences in the patients [3].

Factors that contribute burnout include undue workload, persistent work stress, unevenness between demands and skills, lack of support, disruptive behaviors, longer shifts, shorter breaks, low incomes in relation to high price, increased competition in the field of profession, work-life imbalance, overtime working hours and poor relations with the professional group, concerns about patients' conditions, medical specialty, professional degree and training[4]. Types of burnouts discussed as the following: Overload burnout that includes the group of people who excessively work, to satisfy increasing work demands of the employer, neglecting themselves both in terms of health and personal life. Under-challenge burnout caused by the lack of motivation, inspiration, and commitment in the workplace. Neglected burnout occurs in those people who have insufficient skills to keep up with the demands of the workplace. These people often give up when they experience certain difficulties, because they assume that their effort is not recognized[5].

Work–life balance can be defined as having enough time, energy and resources to fulfil the pledges of home and work to promote growth in accordance with an individual's current life priorities[6]. Work-life balance indicates a balance between work and personal life that brings happiness to the individual. Today, the problem for employees is that there is a penalty of negative effects on the work-life balance of employees i.e. increased stress, burnout, and fatigue, disruption of family and work relationship that occurs when they compete for work demands[7] . Balancing the demands of work and family life is very difficult; it can lead to stress or low employee productivity and welfare[8]. In this case, it is important to assign available resources such as time, and work equally among the employees[9]. The main reason for employees leaving work is an unmanaged and poor work-life balance. It not only affects the employees but also the nation, therefore work life balance should be promoted, and workers should be given training season or seminar on the balancing to balance both work and life[10].

Occupational therapists (OTs) help people with physical, social, sensory, and mental health challenges throughout their lifespan to assist participation in activities of daily life. They are considered important to multidisciplinary team[11]. Occupational therapy practice settings include developmental pediatrics, neonate intensive care unit, primary care, sensory integration, neuro-rehab, community, hand-therapy, assistive devices and technology, orthotics & prosthetics, mental health, schools, hospitals, offices, home[12]. Nowadays, information is increasing, and our knowledge about nearby environment is improving every moment. This condition requires complete communication to create and transfer information. Speech and language are the best and easiest ways to communicate in society. Humans can communicate their emotions, feelings and information using speech and language to influence each other. If communication through speech and language is disrupted for any cause, human communication is interrupted. Therefore, man will not be able to meet his natural desires. Speech disorders can occur among people of any age group. In addition to creating hurdles and difficulties related to daily activities, these disorders could cause discomfort and many emotional problems over a long period. It has estimated that communication disorders occur in 5–10% of the population[13].

Speech-language pathologists play a very important role in the form of assessment and treatment of a wide variety of speech, language, voice, mental, and swallowing-related disorders. In adults, communication disorders such as aphasia, dysarthria, apraxia of speech, and cognitive-linguistic disorders usually occur because of stroke, traumatic brain injury, Parkinson's disease, and multiple sclerosis. Similar disorders in speech, language, voice, mental health, and swallowing occur in children. In children, the most common cause of communication disorder is developmental delay, which occurs in 19% of the child population[14].

METHODS

This cross-sectional study was conducted over six months (June–December 2024) after synopsis approval. Data was collected from PSRD OT Department, Children Hospital OT Department, Mayo Hospital, BASES, Sehat Medical Complex, and Rising Sun Institute for Special Children using a non-probability convenient sampling technique. A sample of 70 Occupational and Speech Therapists was selected, calculated using Epi Tool. Participants aged 20–40 years working with pediatric populations in hospitals, private centers, and clinics were included, while therapists working with adults or geriatrics, those above 40 years, retired professionals, and other healthcare providers were excluded.

Data collection involved the Maslach Burnout Inventory (MBI), with subscale validity of 0.85–0.89, and the Life Balance Inventory (LBI) for assessing life balance. Data were analyzed using SPSS version 26. Quantitative data were presented as mean and standard deviation, whereas qualitative data were summarized as frequencies and percentages.

Ethical approval was obtained from the Institutional Review Board, and informed consent was taken from all participants after explaining the study objectives and procedures.

RESULTS

This study evaluates the relationship between burnout and work life balance in occupational therapists and speech therapists working with pediatric population. Participant's gender division showed that there were more females (88.6%) than males (11.4%) as shown in Table 2. The total number of participants was 70, in which occupational therapists were 35 (50%) and others were speech therapists (50%) as shown in Table 1. The results showed that occupational therapists and speech therapists exhibited similar rates of burnout, with 15 occupational therapists and 18 speech therapists reported burnout while 20 and 17 in each group, respectively, not experienced burnout. In addition, the lives of 74.3% of participants were slightly imbalance while lives of 25.7% of participants balanced as presented in Table 8. The X^2-value (0.79) suggests no statistical difference between the two groups at a 0.05 significance level.

Present study showed that the frequency and percentage distribution of burnout levels across three dimensions: emotional exhaustion, depersonalization, and personal achievement. Emotional exhaustion shows the majority (47.1%) experiencing low-level burnout, while high burnout is minimal (11.4%). Depersonalization is highest at the high-level burnout stage (41.4%). Personal achievement exhibits the highest proportion (62.9%) with low-level burnout, indicating a stronger sense of accomplishment among the majority as shown in Table 4, 5&6.

Table 1: Age of participants

Age	Frequency	Percent
20-23	18	25.7
24-27	43	61.4
Above 30	9	12.9
Total	70	100.0

Table 2: Gender of participants

Gender	Frequency	Percent
Male	8	11.4
Female	62	88.6
Total	70	100.0

Table 3: Number of participants

Therapists	Frequency	Percentage
Occupational therapists	35	50.0
Speech therapists	35	50.0
Total	70	100.0

Table 4: Frequency of Emotional Exhaustion

Emotional Exhaustion	Frequency	Percentage
Low level burnout	33	47.1
Moderate burnout	29	41.4
High level burnout	8	11.4
Total	70	100

Table 5: Frequency of Depersonalization

Depersonalization	Frequency	Percentage
Low level burnout	23	32.9
Moderate burnout	18	25.7
High level burnout	29	41.4
Total	70	100.0

Table 6: Percentage of burnout among Occupational therapists and Speech Therapists.

	Not burnout	Burnout life	Total
Occupational therapist	20	15	35
Speech therapist	17	18	35
Total	37	33	70

Table 7: Relationship between Burnout and work Life Balance

	X^2-value
MBI interpretation	0.79
LBI average score	

DISCUSSION

M. Saygili et al. conducted a study in 2020 on health care workers in Turkey to determine a quality of work life and burnout. The results showed that healthcare workers had 'good' recognized quality of work life (QWL) and 'moderate' level of burnout. Additionally, there was a statistically significant but weak correlation between healthcare workers' levels of QWL and burnout ($\rho = 0.184$; $p = 0.0008$). Results by healthcare professionals used to implement appropriate initiatives to improve QWL and reduce burnout of healthcare workers[15]. Present study is conducted on health care professions of two different professions (50% OTs and 50% STs) working with pediatric population to determine the relationship between burnout and work life balance in both professions. This study reported no significant relationship between work-life balance and burnout, with low emotional exhaustion but high depersonalization among therapists in contrast to this study that found a weak but significant negative correlation between QWL and burnout, with moderate burnout levels among healthcare workers.

L. Gribben and C. J. Semple who conducted a study on 78 haemato-oncology nurses in 2021 in Ireland to determine prevalence and predictors of burnout and work-life balance. One-third of haemato-oncology nurses stated high levels of emotional exhaustion, with an additional 46% facing moderate levels. Despite this, 64% of nurses emphasized a moderate or high level of personal accomplishment. Over half (58%) surveyed were dissatisfied with their work-life balance. Nurses with dependent children had statistically significant poorer work-life balance scores of[16]. In contrast to this study, most of the participants (47.1%) of present study experienced low levels of emotional exhaustion and personal achievement is highest (62.9%) at low-level burnout. Present study also indicated that the depersonalization is relatively high (41.4%) in both therapists. There is no significant relationship found between burnout and work life balance in both therapists with X^2-value of 0.79 because the two groups showed similar rates of burnout. Furthermore, present study does not discuss whether the therapist is married or not and how many children he has.

E. Boden Dieck et al. conducted a study in 2022 on 1412 physicians working in Germany to determine the work life balance of general physicians as a predictor of burnout and motivation to stay in the profession. Multivariate analysis showed a positive association between WLB and all three dimensions of burnout (emotional exhaustion, depersonalization, and personal achievement) as well as the motivation to remain in profession[17]. In contrast to this study, present study found no significant relationship between work life balance and burnout dimensions in these two groups because they showed similar rates of burnout. In addition, most participants of present study are fresh graduates (young adults) and are unmarried.

M. Kelly et al. conducted study in 2020 on 115 residents and 30 fellows to explore job stress, burnout, work-life balance, well-being and job satisfaction among pathology residents and fellows. Results showed that job stress and burnout were dominant, with more than a third of the respondents reporting that they were currently suffering burnout. The respondents, mainly residents, were fighting with work-life balance and emotional well-being. In general, most respondents who valued their work-life balance showed that it was a poor or fair[18]. In contrast to this study, the objective of present study is to find out the relationship between burnout

and work life balance in both professions. The result of present study is very different to that of this study, the difference in results of these two studies were because of job nature (pathology residents/fellows and occupational therapist/speech therapist) and age range of participants of the study.

H.-Y. Seo et al. conducted a study in 2020 on105 health care professionals from a general hospital in Seoul to explore the relationships among work-life balance, burnout, and empathy and to investigate the roles of subtypes of burnout relating to work-life balance and empathy. According to his arbitration analyses, personal achievement is considered as a potential mediating variable between work-life balance and empathy. The direct effect (β=3.93, 95% CI: 1.21–6.64) and the indirect effect (β=1.95, 95% CI: 0.52–3.76) of work-life balance on empathy were also significant[19]. Present study does not discuss the sub types of burnouts and their roles regarding work life balance and empathy. The participants of present study felt a strong sense of personal achievement (62.9%) like that of this study. Present study reported no significant relationship between burnout and work-life balance in both professions unlike this study where there is a significant relationship observed between work-life balance and empathy.

R.B Esti and S. Panjaitan conducted a study in 2023 on all banking employees in Indonesia to (1) determine the effect of work-life balance on turnover intention (TI), (2) determine the effect of work-life balance on burnout, (3) determine the effect of burnout on turnover intention, and (4) determine the effect of work-life balance on turnover intention mediated by burnout. The findings of this research were that WLB has no effect & is not significant on TI. WLB influences burnout, burnout influences TI, and WLB affects TI through burnout[20]. In contrast to this study, the aim of present study is to determine the relationship between burnout and work life balance not to find out the effect of one variable on the other in both professions. Therefore, the findings of present study (there is no significant relationship between burnout and work life balance in both therapists) are very different to that of this study (WLB has no effect & is not significant on TI. WLB influences burnout, burnout influences TI, and WLB affects TI through burnout) due to differences in the objectives of these two studies.

Y. Kotera et al. conducted a study in 2021 on 126 professional psychotherapists to determine the relationships among burnout, self-compassion, work–life balance and tele pressure in them. The findings are both burnout components—emotional exhaustion and depersonalization—were positively associated with weekly working hours and tele pressure, and negatively associated with age, self-compassion and work–life balance. Weekly working hours and work–life balance were significant predictors of emotional exhaustion and depersonalization. Lastly, self-compassion partially mediated the relationship between work–life balance and emotional exhaustion but did not mediate the relationship between work–life balance and depersonalization[21]. We conducted the study on 70 health care professionals of two different professions (50% OTs and 50% STs) to find out the relationship between burnout and work life balance in both professions. In contrast to this study, present study does not deal with the association of burnout components (emotional exhaustion, depersonalization, personal achievement) with weekly working hours and tele pressure, instead of this, it deals with the levels of burnout (mild, moderate, severe) in relation to burnout components. In present study, emotional exhaustion shows the majority (47.1%) experiencing low-level burnout, while high burnout is minimal (11.4%). Depersonalization is highest at the high-level burnout stage (41.4%). Personal achievement exhibits the highest proportion (62.9%) with low-level burnout, indicating a stronger sense of accomplishment among the majority. There is no significant relationship observed between Ots and STs in relation to burnout and work life balance with X^2-value (0.79) because the two groups showed similar rates of burnout.

CONCLUSION

Concluded from present study that there is no significant relationship observed between the occupational therapists and speech therapists working with pediatric population in relation to burnout and work-life balance.

AUTHOR's CONTRIBUTION:

Author	Contribution
Fahad Farooq	Conceptualization, Methodology, Formal Analysis, Writing - Original Draft, Validation, Supervision
Ramma Inam	Methodology, Investigation, Data Curation, Writing - Review & Editing
Ambreen Sadaf	Investigation, Data Curation, Formal Analysis, Software
Kashaf Saleem	Software, Validation, Writing - Original Draft
Muizz-Ul-Hassan	Formal Analysis, Writing - Review & Editing

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