



# Research Paper: The Relationship Between Burnout and Occupational Balance in Occupational Therapists in Tehran



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## Conflict of interest

The authors declared no conflict of interest.

## ABSTRACT

**Background and Objectives:** Despite its many positive effects, having a job can expose people to stress and threats that negatively affect health and well-being, and consequently, upset their occupational balance. Occupational therapy is one of the most stressful jobs and always exposes therapists to health-related threats due to direct contact with patients and constant and repetitive movements. This study aimed to investigate burnout and occupational balance among occupational therapists in Tehran.

**Methods:** This cross-sectional study investigated 166 occupational therapists working in the public and private clinics and centers of Tehran. Sampling was conducted using the multistage method. The participants completed demographic questionnaires, the Maslach Burnout Inventory, and the Life Balance Inventory. Then, the Spearman Statistical Test was used to examine the relationship between burnout and occupational balance.

**Results:** The results revealed a strong ( $r = -0.29$ ) and significant ( $P = 0.001$ ) negative relationship between emotional fatigue and the total life balance list, a strong ( $r = -0.32$ ) and significant ( $P = 0.0001$ ) negative relationship between depersonalization and total life balance and identity, and a strong ( $r = -0.32$ ) and significant ( $P = 0.0001$ ) negative relationship between success and total life balance list.

**Conclusion:** According to the results of this study, burnout negatively affects the identity and interests of occupational therapists but does not affect their health and communication.

**Keywords:** Burnout, Occupational balance, Rehabilitation, Occupational therapy



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↑ *What is “already known” in this topic:*

*One way which shows human beings in the environment is work. In occupational therapy, work-life balance is a fundamental concept. The occupational imbalance may lead to burnout in occupational therapists.*

→ *What this article adds:*

*Burnout did not affect the health and communication of occupational therapists. Burnout was negatively related to occupational therapists’ identities and interests in their life.*

## Introduction

Work is one of the basic ways of social participation and reflects the dignity of human beings in the social environment. People harmonize their lives with work [1] and spend more than half of their waking hours at work. In the workplace, five categories of factors threaten people’s health; these include physical, chemical, biological, ergonomic, and psychological factors, among which stress is considered as the most important psychological factor affecting health. If a person is unable to cope with stressors, she/he will suffer from various physical, psychological, and behavioral complications, and consequently, burnout [2].

Work-life balance is a fundamental concept that has been considered in occupational therapy resources. From the very beginning of the formation of this profession, it has been hypothesized that the balance between the different types of daily occupations promotes health and well-being in people. The concept of occupational balance was first introduced by Meyer in her 1977 speech: “There are four major elements: work, play, rest, and sleep that the organism must be able to balance even in difficult circumstances” [3]. In 2006, Wilcock also stated that “engagement in occupations leads to well-being, for example, balance is defined between physical, mental, and social occupations, between forced and selective occupations, between hard and easy occupations, or between ‘doing’ and ‘being’”. Also, occupational balance is one of the many concepts of balance that are used synchronously among occupational therapists with terms, such as life balance, lifestyle balance, and work-life balance [4]. Moreover, occupational balance is greatly influenced by individual and social characteristics, such as illness or disability; family and cultural issues; and environmental factors that can improve or destroy the

balance [5]. According to Rogers, “occupational therapists believe that balancing the areas of self-care, play, work, and rest is essential for a healthy life” [6]. Garvis and Patterson defined work-life balance as having enough time for all experiences: work, family, friends, community, and leisure [7]. Greenhaus et al. believed that work-life balance generally improves the quality of life; they argued that imbalance, especially occupational imbalance, leads to high levels of stress, the reduced quality of life, and ultimately reduced effectiveness in the workplace [8].

Occupational therapy is one of the professions in the field of rehabilitation. Due to direct and long-term contact with patients, specialists in this profession are prone to work-related problems [9]. However, a satisfactory lifestyle in today’s world is largely influenced by the right job, a job by which people can provide their family for expenses and well-being and balance between the different areas of occupation. But stress or dissatisfaction with the job may affect various aspects of an individual or family life and lead to a variety of job-related physical and psychological problems. The occupational therapy profession can also affect the life balance of occupational therapists owing to its special characteristics, for example, the difficult conditions of treatment seekers, little reward and salary, and heavy physical work [2, 10].

Accordingly, different models and perspectives have been proposed on occupational balance, so that all of them pay attention to the occupational patterns and aspects and occupations that are more meaningful and important for the person and their relationship with the balance of health and well-being [11]. One of these models is the life balance model introduced by Matuska and Christiansen. This model includes a satisfactory pattern of daily occupations that maintains health, meaning, and stability for the person in the current living conditions and the act of the person [12]. This model also emphasizes

the basic needs by presenting the five dimensions of life: health-related needs, relationships, challenges, identity, and effective use of time; recognizing these needs, human beings feel more satisfied, less stressed, and more meaningful [12]. Therefore, the present research questions are as follows: How do occupational therapists rate their occupational balance and occupational burnout syndrome? And how is the relationship between burnout and occupational balance in occupational therapists in Tehran?

## Materials and Methods

This cross-sectional study was performed on occupational therapists working in the public and private clinics of Tehran. The multistage method was used for sampling. First, the city of Tehran was divided into five regions: north, south, east, west, and center. Then, the number of clinics in each region was specified, the target centers were randomly selected, and those that were willing to cooperate in this project were listed. Finally, from each of these centers, occupational therapists voluntarily entered the project. Besides, the inclusion criteria were two years of work experience, the minimum working hours of 30 hours per week or 120 hours per month, and working in Tehran. The exclusion criteria included participants' unwillingness to cooperate and defects in completing the questionnaires. Before implementing the questionnaires, we presented the necessary explanations about the project, how to complete the questionnaires, the project's goals, and the potential results of the project. The research questionnaires included a demographic questionnaire, the Maslach Burnout Inventory (MBI), and the Life Balance Inventory (LBI). Moreover, at the beginning of the project, face validity was quantitatively taken from the LBI; the lowest score of this validity was related to sewing and needlework (1.76), and the other points showed higher scores.

### Maslach Burnout Inventory (MBI)

The MBI includes three independent measuring subscales with 22 items that measure various aspects of occupational burnout syndrome. Nine items analyze the emotional exhaustion, five items are related to the subscale of depersonalization, and eight items are related to the subscale of the lack of personal success or personal insufficiency. In terms of emotional exhaustion, participants were classified into three groups according to the score obtained from the occupational burnout questionnaire, including high ( $\geq 30$ ), moderate (18 to 29), and low ( $\leq 17$ ). For depersonalization, this classification was high ( $\geq 12$ ), moderate (6 to 11), and low ( $\leq 5$ ), and for the lack of personal success it was classified as high ( $\leq 33$ ),

moderate (34 to 39), and low ( $\geq 40$ ) [13]. Maslach and Jackson have reported the Cronbach alpha coefficient of 71% to 90% in all three fields and the reliability of 60% to 80% by the test-retest method after one month [13]. In Iran, Filian translated MBI to Persian for the first time and reported the validity and reliability of 78% by the retest method [14].

### Life Balance Inventory (LBI)

The LBI was designed by Matuska, in 2012 to measure the structure of life balance based on the LBM (life balance model). The LBI includes four subgroups of health, relationships, identity, and challenges and aims to examine "congruence" and "equivalence" in activities and occupations; it finally shows the degree of balance in life. The term congruence in life means that the actual time spent on activities is consistent with the expected and desired duration, leads to satisfaction, fulfills the needs along with time management, and leads to the achievement of individual goals and recovery. Besides, the term equivalence means that the time spent to fulfill the four dimensions of the needs of the model, namely health, communication, challenges, and identity, will be fulfilled relatively equally. For this inventory, the internal correlation and the Cronbach alpha coefficients were in the range of 0.89 to 0.97. Also, LBI has an acceptable internal correlation and content validity based on the LBM model [15]. Scoring criteria for the LBI is defined as follows: 1.0 to 1.5, very unbalanced; 1.5 to 2.0, unbalanced; 2.0 to 2.5, moderately balanced; and 2.5 to 3.0, very balanced [16].

### Statistical analysis

In this study, SPSS v. 22 was used for the statistical analysis, and the Spearman test was used to calculate the correlation between variables.

## Results

The intended statistical population included 166 occupational therapists. Table 1 reports the demographic information of the participants. Of these, 86 were male (51.8%) and 80 were female (48.2%). Also, 56% of them (93 people) were between 24 and 29 years old, 39.8% (66 people) were between 30 and 40 years old and only 4.2% (7 people) were between 40 and 45 years old. The severity of burnout according to the sub-tests of MBI is shown in Table 2. The frequency of the LBI items in terms of balance rate is shown in Table 3.

**Table 1.** Demographic information of occupational therapists

Variables	Variable Items	No. (%)
Gender	Male	86 (51.8)
	Female	80 (48.2)
Marital status	Single	37 (22.3)
	Married	129 (77.7)
Scope of work	Child physical	63 (38.0)
	Child mental disorder	66 (39.8)
	Adult physical	33 (19.9)
	Adult mental disorder	4 (2.4)
Type of employment	Government	13 (7.8)
	Private	153 (92.2)
Work experience, y	2	12 (7.2)
	2-5	67 (40.4)
	5-10	51 (30.7)
	> 10	36 (21.7)
Monthly income	Less than 3 million Tomans*	3 (1.8)
	3-5 million	46 (27.7)
	5-8 million	50 (30.1)
	8-10 million	47 (28.3)
	> 12 million	20 (12.0)
Daily working hours	4	28 (16.9)
	4-8	102 (61.4)
	8-10	35 (21.1)
	> 10	1 (0.6)
Weekly working hours	30	35 (21.1)
	30-40	67 (40.4)
	40-50	56 (33.7)
	50-60	8 (4.8)

\* Iran's currency.

**Table 2.** Frequency of the MBI Items in terms of severity

MBI Items	Severity			
	No Burnout	Mild Burnout	Moderate Burnout	Severe Burnout
Emotional exhaustion	59 (35.5)	82 (49.4)	24 (14.5)	1 (0.6)
Depersonalization	71 (42.8)	83 (50.0)	12 (7.2)	0 (0)
Personal accomplishment	19 (11.4)	122 (73.5)	24 (14.5)	1 (0.6)
MBI total	2 (1.2)	112 (67.5)	52 (31.3)	0 (0)

**Table 3.** Frequency of the LBI items in terms of balance rate

LBI Items	LBI Rate			
	Very Unbalanced	Unbalanced	Moderately Balanced	Very Balanced
Health	9 (5.4)	29 (17.5)	76 (45.8)	52 (31.3)
Identity	110 (66.3)	49 (29.5)	7 (4.2)	0 (0)
Interests	142 (85.5)	24 (14.5)	0 (0)	0 (0)
Relationship	85 (51.2)	67 (40.4)	13 (7.8)	1 (0.6)
Total LBI	117 (70.5)	46 (27.7)	3 (1.8)	0 (0)

**Table 4.** Results of measuring the relationship between burnout and occupational balance

MBI Items	LBI Items	Correlation Coefficient	P
Motional exhaustion	Total LBI	-0.29	0.0001
	Health	-0.06	0.39
	Identity	-0.18	0.01
	Interest and challenge	-0.18	0.01
	Relationship	-0.08	0.26
Depersonalization	Total LBI	-0.32	0.0001
	Health	-0.07	0.34
	Identity	-0.32	0.0001
	Interest and challenge	-0.21	0.0001
	Relationship	-0.08	0.29
Personal accomplishment	Total LBI	-0.32	0.0001
	Health	-0.10	0.17
	Identity	-0.28	0.0001
	Interest and challenge	-0.06	0.40
	Relationship	0.12	0.11
Total MBI	Total LBI	-0.16	0.03
	Health	-0.30	0.64
	Identity	-0.13	0.09
	Interest and challenge	-0.11	0.12
	Relationship	-0.05	0.46

Table 4 represents the results related to the relationship between burnout variables (emotional exhaustion, depersonalization, and personal accomplishment) and work-life balance (health, identity, interests/challenges, and relationships). According to Table 4, the correlation between burnout and occupational balance is weak to moderate.

## Discussion

The results of this study showed a significant relationship between the burnout items and the identity and interest/challenge items of life balance. Also, there was a weak relationship between burnout items and health and relationship items. In this regard, Ghamari et al. stated that the need for self-fulfillment and social needs are met before the other needs, in occupational therapists [17]. Besides, Safiri and Modiri studied 16 000 people at various levels in Iran; these authors concluded that only 1.9% of the participants were completely satisfied with the way they spend their interests and leisure time [18]. Also, in the Maghsoudi research, most Iranians described the lack of financial resources, the lack of time, the lack of availability of facilities, and the opposition of families and sociocultural sensitivities as obstacles to achieving the sub-occupations of interests [19]. Ghamari also studied identity in another study; the low score of job identity in this study indicated that the occupational therapy profession suffers from a low job identity and the job is designed in such a way that it is possible to do work from start to finish with a visible result at a low level [20]. Of course, Pourhadi reported that rehabilitation jobs have a high identity dimension [21]. However, in an article entitled The Relationship Between Occupational Identity and Burnout in Occupational Therapists, Edwards et al. concluded that the lack of professional identity in occupational therapy led to burnout in occupational therapists. Thus, it is necessary to explain the role of occupational therapists and determine the unique nature of occupational therapy and distinguish it from other health professions [22].

Patterson et al. in their study on health care workers concluded that burnout causes health problems, such as sleep disorders, memory impairment, depression, and anxiety [23]. Also, according to the studies conducted by Amini and Rezaei on burnout in occupational therapists in Iran, occupational therapists are exposed to serious musculoskeletal, mental, and psychological injuries [9, 10]. We expected these injuries to affect the quality of their self-care, which was ultimately reported to be ineffective in these areas. The study also found no significant association between burnout and interpersonal

relationships, while Geiter et al. argued that the job role stress experienced at work could lead to work and home conflict, on the other hand, work-family conflict increases job stress [24]. The present results also mirrored that burnout did not affect health and communication. Finally, in this study, we concluded that burnout was negatively related to occupational therapists' identities and interests. According to studies in the field of hobbies and leisure in Iran, these negative relationships and dissatisfaction with the occupation are caused by the cultural and economic problems of the people [18, 19], thus, this issue needs more studies and research.

## Ethical Considerations

### Compliance with ethical guidelines

This study was approved by the Ethics Committee of Iran University of Medical Sciences (Code: IR.IUMS.REC.1398.334).

### Funding

The paper was extracted from the MSc. thesis of the first author at the Department of Occupational Therapy, School of Rehabilitation Sciences, Iran University of Medical Sciences. This study was supported by the Iran University of Medical Sciences (Grant No: 98-2-6-15195).

### Authors' contributions

Conceptualization, supervision: Narges Shafaroodi, Samad Mohammadi; Methodology: Narges Shafaroodi, Malek Amini; Investigation, writing – review & editing: All authors; Writing – original draft: Samad Mohammadi, Narges Shafaroodi; Funding acquisition, resources: Narges Shafaroodi.

### Conflict of interest

The authors declared no conflict of interest.

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## مقاله پژوهشی

# ارتباط فرسودگی شغلی و تعادل کاری در کار درمانگران سطح شهر تهران

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## چکیده

**مقدمه:** داشتن کار یا شغل با وجود آثار مثبت فراوان ممکن است تهدیدها و استرس‌هایی را برای افراد به ارمغان آورد که بر سلامتی و رفاه آن‌ها تأثیر منفی بگذارد و به دنبال آن تعادل کاری‌شان را به هم بزند. کاردرمانی از جمله مشاغل پر استرسی است که به دلیل تماس مستقیم با بیماران و حرکت‌های ثابت و تکراری، درمانگران را همواره در معرض این تهدیدهای مرتبط با سلامتی قرار می‌دهد. هدف از این مطالعه، بررسی فرسودگی شغلی و تعادل کاری در کاردرمانگران سطح شهر تهران بود.

**مواد و روش‌ها:** در این مطالعه مقطعی، ۱۶۶ کاردرمانگر شاغل در کلینیک‌ها و مراکز دولتی و خصوصی سطح شهر تهران شرکت داشتند. نمونه‌گیری در این مطالعه به روش چندمرحله‌ای صورت گرفت و پرسش‌نامه‌های جمعیت‌شناختی، فرسودگی شغلی مازلاک و فهرست تعادل زندگی توسط افراد مورد مطالعه تکمیل شد. سپس برای بررسی ارتباط فرسودگی شغلی و تعادل کاری، آزمون آماری اسپیرمن مورد استفاده قرار گرفت.

**یافته‌ها:** در این مطالعه، بین خستگی عاطفی و لیست تعادل کل زندگی، رابطه قوی و منفی ( $r = -0.79$ ) و معنی‌دار ( $P = 0.0001$ ) وجود داشت. بین مسخ شخصیت با تعادل زندگی کل و هویت، رابطه منفی قوی ( $r = -0.72$ ) و معنی‌دار ( $P = 0.0001$ ) مشاهده شد. بین موفقیت و تعادل زندگی کل نیز رابطه منفی ( $r = -0.72$ ) و معنی‌دار ( $P = 0.0001$ ) وجود داشت.

**نتیجه‌گیری:** طبق نتایج این مطالعه، فرسودگی شغلی بر هویت و علائق کاردرمانی تأثیر منفی دارد، اما تأثیری بر سلامت نداشته است.

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## کلیدواژه‌ها:

فرسودگی شغلی، تعادل کاری، توانبخشی، کاردرمانی

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