

DEGREE OF BURNOUT AMONG MALTESE PODIATRISTS WORKING IN TWO DIFFERENT SETTINGS

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Abstract. The issue of burnout is receiving increasing research attention. However, most of the literature on burnout has focused on the nursing, physiotherapy and occupational therapy professions, with very few studies within the podiatric profession exploring this concept. The purpose of this paper is to compare the degree of burnout among Maltese podiatrists working in two different settings, namely the public health service and private practice. A quantitative non-experimental study, involving a convenience sample, was conducted. The Copenhagen Burnout Inventory (CBI) was used to evaluate levels of burnout in the two participant groups. No statistical difference was found between the overall mean burnout scores for Maltese podiatrists employed in the public health service and those working in private practice ($p = 0.067$, mean = 48.89 vs 31.84). Although the level of burnout did not differ between podiatrists working within the two different settings, podiatrists working in the public sector in general reported higher mean scores for each subscale of the CBI than podiatrists working in private practice. More research is necessary to build a better understanding of burnout among podiatrists in parallel with other health care professionals, in order to help prevent or alleviate this phenomenon.

Keywords: occupational burnout, podiatrists, public health service, private practice, performance, job satisfaction

1 Introduction

The literature suggests that burnout is a serious problem which needs to be addressed appropriately (Akroyd, Caison & Adams, 2002; Akgun, Al-Assaf & Bakan, 2008). Burnout emerged as an important concept in the 1970s and continues to do so today (Schaufeli, Leiter & Maslach, 2008). Burnout is regarded as a multidimensional syndrome which comprises three components, namely emotional exhaustion, depersonalisation and reduced personal accomplishment (Brenninkmeijer & Van Yperen, 2003). Burnout syndrome can have deliberate implications for health care professionals, their patients and the organisation (Lloyd & King, 2004). For this reason, research on burnout syndrome is

increasing, particularly in the health service professions. There has been a continuous search among researchers to develop improved burnout measures to study this concept. These include the Maslach Burnout Inventory (Schaufeli et al., 1996), the Oldenburg Burnout Inventory (Demerouti et al., 2001) and the more recent Copenhagen Burnout Inventory (CBI) (Kristensen et al., 2005). All these instruments embrace the assumption that the burnout concept comprises all the three components discussed above.

Burnout is a distinct kind of occupational stress which generally occurs among health care professionals, mainly due to their continual exposure to patients' problems, although the point at which burnout begins is unclear (Mandy & Tinley, 2004). This in turn results in emotionally drained and burnt out professionals (Akroyd et al., 2002). Burnout is known to result in social and medical problems in the professional, such as dissatisfaction, frustration, anxiety, detachment, psychological fatigue, headaches, sleep disorders, intention to quit the job, depression and substance abuse (Akgun et al., 2008; Schaufeli & Enzmann, 1998). Angerer (2003) reported that this concept, which can lead to cynicism in the individual's work performance, is correlated with absenteeism, job turnover and low productivity, reduced job satisfaction and decreased commitment to the job. Failing to identify burnout among workers will inevitably lead to considerable financial, social and psychological costs (Maslach & Leiter, 1997; Glasberg, Norber & Soderberg, 2007).

In Malta, the podiatric profession is still relatively new when compared to other local health care professions. Podiatry exists as a clinically independent profession involving the diagnosis and treatment of foot problems. The profession has grown considerably since the patient population is also growing, with 52% to 90% of older people complaining of a foot problem. In Malta, podiatry is providing its services to over 60,000 people annually through the public health service only (The Association of Podiatrists of Malta, 2007). A podiatrist is a qualified health professional who specialises in the prevention, diagnosis, treatment and rehabilitation of disorders of the foot and ankle. Underlying lower limb structures, such as the knee and the upper third of the lower limb, may also be examined by a podiatrist since these structures might be related to a foot or ankle problem. The complex mechanics of the feet (52 bones, a network of muscles, joints and ligaments) and a wide range of foot problems (over 200 identified conditions) demand a separate and autonomous profession which provides high levels of training and professional expertise in the field of podiatry (The Association of Podiatrists of Malta, 2007). As a result, the podiatrist's scope of practice is diverse and has expanded to include curative and preventive strategies in paediatrics, diabetes, sports injuries, structural and biomechanical problems, geriatrics, vascular and podiatric surgery (The Associ-

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ation of Podiatrists of Malta, 2012). There are currently approximately 66 state-registered podiatrists within the Council for the Professions Complementary to Medicine of Malta. These professionals work in a variety of settings including the public health service, private practice, education and research, or as a part of a multi-disciplinary team operating in a specific specialised clinic.

Most of the literature on burnout has addressed the nursing, physiotherapy and occupational therapy professions (Burke, Koyuncu & Fiksenbaum, 2010). A small number of studies has been conducted within the podiatric profession. It has been argued that the relationship between podiatrists and their patients differs from that in other professions due to the fact that podiatrists are often required to spend extensive time with their patients on a one-to-one basis rather than working in teams with other health care professionals, possibly resulting in higher levels of work stress and burnout (Mandy, Lucas & McInnes, 2003).

A comparative research study on burnout among Australian and British podiatrists was carried out by Mandy and Tinley in 2004. Results suggest that levels of burnout among podiatrists were higher than those indicated by published normative data for all health care professionals. These results are of great concern to the podiatric profession and have prompted the present investigation that addresses this concept in the Maltese culture. The latter identifies the Maltese population as unique, distinguishing it from its European neighbours. The Maltese culture is broadly Mediterranean, but it is at the same time very distinctive: it has its own unique blend of historical and economic traditions which in turn have influenced the values, motivations, expectations and practices which characterise the Maltese people (Baldacchino, 2000).

The aim of this study was to compare levels of burnout in Maltese podiatrists working in two different settings, namely the private or the public sector only. The nature of work undertaken by each group was fundamentally the same; it was the environment that the profession was practised in which differed between the two groups. The null hypothesis which was formulated for this study suggested 'no difference in the levels of burnout between Maltese podiatrists working in the public health service and those working in private practice only'.

2 Methods

A quantitative non-experimental study design was employed. Ethical approval was sought and later granted by the University of Malta Research Ethics Committee. Convenience sampling was adopted. The Register of the Council for the Professions Complementary to Medicine was used to identify potential participants. An information letter was sent to all Maltese podiatrists working either in private practice or within the public health service only. A copy of the Copenhagen Burnout Inventory (CBI), together with a data sheet which requested details on the nature of employment, the length of time since qualification, age, gender, marital status and the number of patients seen each week, was also sent, together with a stamped, self-addressed envelope. Anonymity and confidentiality of information provided was ensured. All 18 podiatrists working in Malta on a full-time basis either in private practice or within the public health service participated in the study (response rate = 100%).

2.1 The Copenhagen Burnout Inventory (CBI)

The CBI is a questionnaire that measures the degree of psychological fatigue experienced in three sub-dimensions of burnout: personal, work-related and patient-related. The personal burnout scale is generic, in that it can be answered by any individual. The work-related burnout scale assumes that the person undertaking the questionnaire has some kind of paid employment, while the patient-related burnout scale assumes that the individual's

work involves patients (Kristensen et al., 2005). This inventory is unique since its scales were developed in such a way that they should be able to indicate whether individual feelings of burnout are due to personal or work-related factors (Kristensen et al., 2005). Translations of the CBI into eight languages are available, allowing its use in many studies worldwide. Results support the reliability and validity of the tool, with high internal consistencies ranging from 0.85 to 0.87 (Borritz et al., 2006). The CBI questionnaire consists of 19 items with five response categories for each question: Always, Often, Sometimes, Seldom, Never/Almost, Never. For some of the questions, the response categories are adjusted as follows: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree. Participants are required to choose only one answer for every question. The response categories are re-scaled to a 0-100 metric (0 = Never/Almost Never/To a very low degree, 25 = Seldom/To a low degree, 50 = Sometimes/Somewhat, 75 = Often/To a high degree, 100 = Always/To a very high degree. If less than three questions are answered from scales 1 and 3, or less than four questions are answered from scale 2, the respondent is classified as a non-responder. A mean rating score greater than 50 indicates a high degree of burnout, whilst a mean rating score smaller than 50 implies a lower degree of burnout. The CBI is relatively easy to complete, requiring approximately 15 minutes to be filled in. It is a public domain questionnaire, unlike other measures of burnout which are protected by copyright and distributed by a commercial publisher, thus making it more accessible to researchers. Permission was obtained from the authors of the CBI (Kristensen et al., 2005) to employ the original English version of the CBI in the present study. Evidence confirming the reliability and validity of the instrument enhanced the study's methodological rigour.

3 Results

Twelve male and six female podiatrists working on a full-time basis either in private practice or in the public health service participated in this study. Participants were aged between 25 and 45 years, with 10 participants aged between 25 and 35 years and eight participants aged between 36 and 45 years. Sixty-one percent of the sample was married. Seventy-two percent ($N = 13$) of the participants worked within the public health service and 27% ($N = 5$) worked in private practice. Ninety-five percent of the respondents reported seeing approximately 31 to 40 patients per week.

3.1 CBI Scores

The Kolmogorov-Smirnov test showed collected data to be normally distributed. The one-way analysis of variance (ANOVA) test was used to confirm or reject the null hypothesis which was formulated for this study, namely that there was no difference in burnout levels between podiatrists working in the two different settings. One-way ANOVA is a parametric test which compares the means of several independent samples to make assumptions on the population means (Bowling, 2002). When the p -value was found to be less than the 0.05 level of significance, it was deduced that the mean rating scores for the CBI differed significantly, thus leading to rejection of the null hypothesis.

No statistical difference was found between the overall mean burnout scores of podiatrists working in the public health service and private practice ($p = 0.067$). Moreover, the overall mean burnout score was less than 50 for each group, implying a low degree of burnout being present among Maltese state-registered podiatrists (mean score for public sector podiatrists = 48.87; mean score for private practice podiatrists = 31.84). Individual mean burnout scores were higher for podiatrists working within the public sector when compared to podiatrists working in the private sector for nearly all items of the three subscales of the CBI, as illustrated in Tables 1, 2 and 3.

Table 1. CBI Scale 1 - Personal Burnout: means and standard deviations for the participants ($N = 18$).

		Mean	Std. Deviation	<i>p</i> -value
How often do you feel tired?	Public sector	61.54	24.185	0.769
	Private sector	65.00	13.693	
How often are you physically exhausted?	Public sector	55.77	27.298	0.687
	Private sector	50.00	25.000	
How often are you emotionally exhausted?	Public sector	57.69	25.789	0.104
	Private sector	35.00	22.361	
How often do you think 'I can't take it any more'?	Public sector	48.08	29.689	0.039
	Private sector	15.00	22.361	
How often do you feel worn out?	Public sector	57.69	23.683	0.083
	Private sector	35.00	22.361	
How often do you feel weak and susceptible to illness?	Public sector	50.00	22.822	0.014
	Private sector	20.00	11.180	

Table 2. CBI Scale 2 -Work Burnout: means and standard deviations for the participants ($N = 18$).

		Mean	Std. Deviation	<i>p</i> -value
Is your work emotionally exhausting?	Public sector	51.92	31.394	0.190
	Private sector	30.00	27.386	
Do you feel burnt out because of your work?	Public sector	57.69	23.683	0.104
	Private sector	35.00	28.504	
Does your work frustrate you?	Public sector	32.69	27.735	0.862
	Private sector	30.00	32.596	
Do you feel worn out at the end of the working day?	Public sector	59.62	26.098	0.250
	Private sector	45.00	11.180	
Are you exhausted in the morning at the thought of another day at work?	Public sector	40.38	29.823	0.057
	Private sector	10.00	22.361	
Do you feel that every working hour is tiring for you?	Public sector	40.38	21.743	0.074
	Private sector	15.00	33.541	
Do you have enough energy for family and friends during leisure?	Public sector	67.31	27.735	0.877
	Private sector	65.00	28.504	

4 Discussion

The aim of this study was to compare the degree of burnout among Maltese podiatrists working in two different settings (private versus public sector). It is important to note that this study captured the views of all Maltese podiatrists who were working in either the private or public sector only at the time of the investigation (100% response rate).

Identification of burnout using the CBI requires participants to obtain high scores on all three subscales, namely personal burnout, work-related burnout and patient-related burnout (Borritz et al., 2006). No statistical difference between mean burnout scores of podiatrists working in the public health service and private prac-

tice was identified. Moreover, the mean burnout scores for each subscale of the CBI were less than 50 for each group, implying a low degree of burnout among Maltese state-registered podiatrists. Previous study results on burnout among podiatrists in other populations are not congruent with the results of this study. Podiatrists in the United Kingdom and Australia were reported to exhibit high levels of emotional exhaustion and depersonalisation, as well as low levels of personal accomplishment when using the Maslach Burnout Inventory and the Work Stress Inventory to measure burnout levels (Mandy, 2000; Mandy & Tinley, 2002, 2004). However, this is the first study to have explored burnout within the Maltese context. Furthermore, the tool used to measure burnout in this specific population of podiatrists is differ-

ent from the ones employed in the studies mentioned above. It could be argued that the limitations of this study include that all data were collected using a self-report questionnaire, raising the possibility of response set tendencies. Furthermore, the data were collected at one point in time, making it difficult to determine causality. Participants' personality and past or recent traumas/losses were not taken into consideration.

When comparing the overall mean burnout scores between the two groups, podiatrists working in the public sector demonstrated a higher score than those working in the private sector. Research carried out among various health care professionals has led to the conclusion that health care workers within the public sector exhibit a higher degree of burnout when compared to those in private practice (Mrayyan, 2005; Pillay, 2009; Pinto, 2009). Various reasons have been given for this outcome, including that the private sector is less afflicted by rules, regulations and restrictive work, and that motivation in this sector is highly based on profits (Macklin, Smith & Dollard, 2006; Cherniss, 1995).

Consideration of the Personal Burnout CBI subscale demonstrates that podiatrists working within the public sector reported feeling more physically and emotionally exhausted and more worn out than podiatrists working privately. On the Work Burnout subscale, podiatrists employed within the public sector reported being more emotionally exhausted at work, feeling more burnt out as a result of their work, feeling more frustrated with their work, feeling more worn out at the end of a working day and also feeling more exhausted at the thought of another day at work when compared to podiatrists working in the private sector. However, it is interesting to note that despite these negative responses, podiatrists working in the public sector reported more energy for family and friends after work than those working in the private sector. As for the Patient Burnout scale, podiatrists working within the public sector reported that, when working with patients, they found it harder to work, were more frustrated, felt more drained and felt that they gave more than they got back when compared to podiatrists working within the private sector.

The patient-clinician relationship can differ across the public and private sectors. A number of common themes have been identified across studies, explaining why podiatrists working within the public sector tend to be more burnt out than podiatrists working in the private sector. These include lack of professional status among colleagues and patients, as well as labeling by patients as

being unproductive, inefficient, distant and poorly motivated (Ferreira et al., 2004). Long waiting lists are attributed to health care professionals working inside the public sector, leading them to being viewed as incompetent and disrespectful (Forrest et al., 2002). Over-demanding patients, shortage of staff and professional isolation have also been reported to result in professional burnout (Mandy & Tinley, 2004). Moreover, patients attending private services considered their practitioners to be more understanding than practitioners working in the public sector and reported that clinicians had more time available to spend with them (Bjorngaard et al., 2008). Feedback from patients is important for any health care professional to feel appreciated (Mrayyan, 2005). Maslach and Leiter (1997) argue that feedback from patients attending public health care services is either non-existent or almost always negative. Patients attending the public sector do not pay directly for services rendered and thus are more likely to neglect and ignore advice given to them by their clinicians. This in turn leaves health care professionals feeling frustrated, tired and exhausted.

Further research investigating differences in burnout between different podiatric clinical environments in this specific population is warranted if a better service is to be offered to patients attending podiatric services. A better understanding of the burnout concept could be developed through the use of longitudinal research designs that also address off-job experiences in the context of burnout research, particularly addressing indicators of psychological well-being as predictors of work outcomes, in addition to using the three CBI subscales (Sonnentag, 2005). Such studies should enable a better understanding of burnout and why it happens. Results could also provide information on how to cope with it, prevent it or combat it (Schaufeli et al., 2008). Prevention and management of burnout is of utmost importance since it is not just a personal problem but it could also have significant implications for organisations' performance. More motivated podiatrists have a better quality of life, which in turn translates into improved patient care (Mandy & Tinley, 2004).

5 Conclusion

The results of this study have shown no difference in burnout between Maltese podiatrists working in the public and private sectors. However, the podiatrists working in the public sector

Table 3. CBI Scale 3 - Patient Burnout: means and standard deviations for the participants ($N = 18$).

		Mean	Std. Deviation	<i>p</i> -value
Do you find it hard to work with patients?	Public sector	34.62	26.098	0.134
	Private sector	15.00	13.693	
Do you find it frustrating to work with patients?	Public sector	32.69	21.371	0.044
	Private sector	10.00	13.693	
Does it drain your energy to work with patients?	Public sector	48.08	29.689	0.256
	Private sector	30.00	27.386	
Do you feel that you give more than you get back when you work with patients?	Public sector	61.54	24.185	0.082
	Private sector	40.00	13.693	
Are you tired of working with patients?	Public sector	30.77	25.318	0.241
	Private sector	15.00	22.361	
Do you sometimes wonder how long you will be able to work with patients?	Public sector	40.38	33.132	0.794
	Private sector	45.00	32.596	

obtained higher mean burnout scores for most items of the CBI

subscales when compared to the practitioners working privately. More research is warranted in this area of study in Malta to contribute towards a better understanding of burnout among podiatrists in parallel with other health care professionals, in order to help prevent or alleviate this phenomenon. Furthermore, results of this study encourage further research with the purpose of establishing the CBI's validity and reliability in the local context.

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8 Conflicts of Interest

The authors report no conflicts of interest.

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