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Citation style: Kurzeja Piotr, Szurmik Tomasz, Prusak Jarosław, Kuziel Agata, Mrozkowiak Mirosław. (2018). Selected aspects of burnout among physiotherapists. "Journal of Education, Health and Sport" (2018, nr 8, s. 780-795), DOI:10.5281/zenodo.1402484



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Selected aspects of burnout among physiotherapists

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Summary

Introduction and purpose of the work

Occupational burnout may be the result of the long-term exposure to stress, in particular through the use of ineffective remediation. Such a burden may also be treatment and care of a sick person. Physiotherapists belong to a group that can also be burdened with stress, accompanying them in working with sick people and in need of care. An outpatient and stationary physiotherapist is exposed to various dangerous and harmful factors, physical and psychosocial loads, i.e. a multitude of occupational hazards. The aim of the study was to find out about the problem of occupational burnout among physiotherapists and selected factors that may affect this situation, taking into account the nature of the work.

Material and method

The research was conducted on a group of 50 physiotherapists: 25 worked in centers where patients were permanently resident (ZOL, DPS), 25 worked with outpatients (NZOZ). The method was a diagnostic survey, the technology research was a survey, and the research tool was an original questionnaire consisting of 30 questions.

Results

A sense of lack of recognition appeared more often in physiotherapists working in a stationary method, whereas people working with outpatient patients more often confirmed fair treatment by the management.

Conclusions

Physiotherapists working with stationary patients are more likely to report situations that may affect the burnout process, among others: a feeling of lack of recognition, unfair treatment of staff by the management, stress at work.

Keywords: physiotherapy, occupational burnout

Introduction

Modern man, living in the era of rapid development of civilization is often busy, lost, overworked, strives to acquire knowledge and money. The work of modern man takes more than half of life and is the source of his existence, he also provides material conditions for existence and realization deciding about its development and orientation in life. It is work that plays a big role in the life of every human being, including bringing out the sense of its existence. Work has a very big impact on cooperation and mutual cooperation of people and on moral human development. Nowadays, man treats work as a vocation, a chance for self-realization and a source of income. Through work, cultural and social values, services are created and material goods are created. Apart from positive aspects, the work may also display a negative form, e.g. difficult and stressful situations, tension and weariness. Constant stress at work, as well as physical and psychological exhaustion may be the reason for lack of motivation, weariness, helplessness, withdrawal from social contacts and illness. The reasons for experiencing stress in a person are very different and depend on the individual characteristics of the individual. Considering the situation of work, it is not excluded that it is a profession, decision making, workplace and the need to enter the relationships with other people.

The work of a physiotherapist, also fulfilling the function of social benefits, may also be exposed to various stressors which are associated with the protection and saving of human life. Moral virtues acquire a peculiar meaning in the work of a physiotherapist whose main message is to protect the health and life of another person, prevent health and help. The

disturbing effect of stress that may arise in the physiotherapist's work is the "burnout syndrome" which leads to many negative effects, not only from the therapist, but also to the patient who is the subject of treatment and therapy implementation. The burnout syndrome appeared in the literature due to the American psychiatrist Herbert Freudenberger in 1974. In the article "Staff burn-out" he used the term "burn-out" to determine the exhaustion of the individual, which is caused by too burdensome tasks caused by social and physical working environment. In the same period as Freudenberger, the research on the fact of professional burnout was conducted by Cristina Maslach. She analyzed how to deal with emotions in the workplace. She interviewed people from the group of social services whose occupations were targeted at people. The analysis of the author's research showed that emotions accompanying professional contacts with people who are ill may be the cause of strong emotional tensions. Human units who were very much involved in their work felt deprived of all feelings and emotionally exhausted. Maslach's subsequent analyzes showed that this phenomenon also applies to many other professions that are related to the caring relationship between the person who provides help and the person who receives this help [1].

In 1983, E.Aronson and A.M.Pines introduced definitions of burnout, combining it with the physical, emotional and mental state, which induces long-term involvement in emotionally aggravating situations. A. Banka suggests a look at the issue of occupational burnout as a stressful job and a complete disappearance of the meaning of life, motivation and lack of perspectives for the future [2]. The study of defining the syndrome of professional burnout on the European ground was also conducted by Kristensen and Borritz. They believed that the main reasons for the appearance of burnout syndrome is fatigue and exhaustion, which can appear in every social activity group. They identified three components that characterize this state: personal burnout, burnout related to work, burnout in dealing with customers [3].

It is difficult to determine the initiation of the burnout process, because often this process begins extremely slowly and unnoticed, but it reveals itself suddenly and in addition with great strength. Symptoms of burnout have a big impact on professional life, relationships with friends, free time from work, partnerships and the functioning of the individual in the family [4]. The process of burnout may lead to a sense of impracticability of making significant changes in your life, lack of knowledge and skills, unfriendly atmosphere at home, physical fatigue and a state of permanent tension [5]. Often, professional burnout is associated with the breakdown of involvement in work [6].

Occupational burnout is therefore the result of a long-term exposure to stress, in particular through the use of ineffective remediation. Such a burden may also be treatment and care of a

sick person. Physiotherapists belong to a group that can also be burdened with stress, accompanying them in working with sick people and in need of care. Continuous struggle with the problems of the mentees, showing understanding and care, the need for emotional involvement, are extremely exhausting. [7]. An outpatient and stationary physiotherapist is exposed to various dangerous and harmful factors, physical and psychosocial loads, i.e. a multitude of occupational hazards. Biological, physical, chemical and psychosocial factors not only affect the therapist's functioning in the physical as well as psychological sphere [8].

Aim of the study

The aim of the study was to find out about the problem of occupational burnout among physiotherapists and selected factors that may affect this situation, taking into account the nature of the work. In accomplishing such a goal, it was decided to get answers to the following questions:

- is there a link between professional burnout and the physiotherapist's work?
- which factors can have the greatest impact on the burnout process among physiotherapists?
- are there differences in coping with stressful situations, the degree of experience of burnout and the appearance of selected symptoms of burnout depending on the nature of the physiotherapist's work?

Material and method

The research was conducted on a group of 50 physiotherapists: 25 worked in centers where patients were permanently resident (ZOL, DPS), 25 worked with outpatients (NZOZ). 40 women and 10 men participated in the study. In the outpatient group there were 19 women (76%) and 6 men (24%), while in the group performing treatments in a stationary manner 21 women (84%) and 4 men (16%). There were no statistically significant differences between the individual groups of physiotherapists in relation to age, seniority and education. The analysis was conducted from September to November 2016 in the Limanowa County in the Lesser Poland Province. The method was a diagnostic survey, the technology research was a survey technique, and the research tool was an original questionnaire consisting of 30 questions. Respondents were informed about the nature of the research and their anonymous character. The analysis of the research material was done using the STATISTICA 10 statistical package and the Microsoft Office Excel program. The χ^2 and t-Student tests were used. Based on the information obtained, tables showing the distribution of the analyzed

features were created. and then calculations of interdependencies between the analyzed variables were made, assuming the probability of error of $p < 0.05$.

Results

Table I presents the results related to responses regarding job satisfaction in relation to the nature of the work. Among those working in an outpatient setting, there was a high percentage of respondents saying "definitely yes" - 36%. In the second group (people working stationary method) only 4% of respondents indicated this answer. Among the people working in stationary method, as many as 84% of respondents indicated the answer "yes". In the second group, this percentage was lower and amounted to 60%. In the group of people working in stationary method, the percentage of respondents indicating a lack of job satisfaction was higher (4% - "no" and 8% - "definitely not"). Among the people working on an outpatient basis, 4% of respondents indicated the answer "no", and no one pointed to the answer "definitely not". Differences in responses regarding job satisfaction between groups of physiotherapists working with outpatients and those on stationary treatment were statistically significant ($p < 0.05$).

Table I. Job satisfaction

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Are you satisfied with your work?	Definitely yes	N	9	1	$p = 0,010$
		%	36,0%	4,0%	
	Yes	N	15	21	
		%	60,0%	84,0%	
	No	N	1	1	
		%	4,0%	4,0%	
	Definitely no	N	0	2	
		%	0,0%	8,0%	
All	N	25	25		
	%	100,0%	100,0%		

When asked whether the physiotherapist's work is stressful, 17 respondents (66%) of those working with outpatient patients and 23 people working stationary (92%) answered yes. Differences were on the verge of statistical significance (Table II).

Table II. Is the work of a physiotherapist stressful?

			Working method		Result of the test
			Outpatient patients (health center, resort, clinic)	Stationary patients (DPS, ZOL)	
Do you think that the work of a physiotherapist is stressful?	Definitely yes	N	4	3	$p = 0,064$
		%	16,0%	12,0%	
	Yes	N	13	20	
		%	52,0%	80,0%	
	No	N	8	2	
		%	32,0%	8,0%	
All	N	25	25		
	%	100,0%	100,0%		

In the question about possible circumstances that could be stressful in interpersonal contacts among healthcare workers, no significant differences were noticed between groups of physiotherapists (Table III).

Table III. Interpersonal contacts with other employees and stressful circumstances

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Are interpersonal relations with other employees stressful in your workplace?	No	N	12	14	$\chi^2 = 0,080$ df = 1 $p = 0,777$
		%	48,0%	56,0%	
	Yes	N	13	11	
		%	52,0%	44,0%	
All	N	25	25		
	%	100,0%	100,0%		

When asked about the occurrence of stressful circumstances in contact with patients, 11 patients (44%) in outpatient work answered affirmatively and 7 (28%) in stationary workers respectively. However, the differences were not statistically significant (Table IV).

Table IV. Contacts with patients and stressful circumstances

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do contacts with patients/mentees constitute stressful circumstances in your workplace?	No	N	14	18	$\chi^2 = 0,781$ df = 1 $p = 0,377$
		%	56,0%	72,0%	
	Yes	N	11	7	
		%	44,0%	28,0%	
All	N	25	25		
	%	100,0%	100,0%		

All the more, the healing activities in patients were not a source of stress for both groups of physiotherapists (96% and 92%, respectively, Table V).

Table V. Healing procedures for patients and stressful circumstances

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do the healing activities of the patients constitute stressful circumstances in your workplace?	No	N	24	23	$\chi^2 = 0,000$ df = 1 $p = 1,000$
		%	96,0%	92,0%	
	Yes	N	1	2	
		%	4,0%	8,0%	
All		N	25	25	
		%	100,0%	100,0%	

Physiotherapists working with stationary patients felt with a slightly greater frequency of stress, but the differences were not statistically significant (Table VI).

Table VI. Stress at work

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do you feel stress relations at work?	Yes everyday	N	4	2	$p = 0,083$
		%	16,0%	8,0%	
	Yes, several times a month	N	5	13	
		%	20,0%	52,0%	
	Yes, several times a year	N	6	6	
		%	24,0%	24,0%	
	No	N	10	4	
		%	40,0%	16,0%	
All		N	25	25	
		%	100,0%	100,0%	

The answers of physiotherapists to the question about coping with stress through sports were similar, and 36% and 28% respondents declared this form of rebound stress (Table VII).

Table VII. Coping with stressful situations at work by doing sports

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do you deal with stressful situations at work by doing sports?	No	N	16	18	$\chi^2 = 0,092$ df = 1 $p = 0,762$
		%	64,0%	72,0%	
	Yes	N	9	7	
		%	36,0%	28,0%	
All		N	25	25	
		%	100,0%	100,0%	

A larger number of stationary workers declared a willingness to rest as a form of relieving stress at work (80% to 60%, respectively), but the differences also did not turn out to be significant (Table VIII).

Table VIII. Coping with stressful situations at work through rest

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do you deal with stressful situations at work through rest ?	No	N	10	5	$\chi^2 = 1,524$ df = 1 $p = 0,217$
		%	40,0%	20,0%	
	Yes	N	15	20	
		%	60,0%	80,0%	
All		N	25	25	
		%	100,0%	100,0%	

Sickness exemptions at work were not taken into account as coping with stressful situations, in both groups the responses of physiotherapists were identical (Table IX).

Table IX. Coping with stressful situations at work through sick leave

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do you deal with stressful situations at work through sick leave?	No	N	24	24	$\chi^2 = 0,000$ df = 1 $p = 1,000$
		%	96,0%	96,0%	
	Yes	N	1	1	
		%	4,0%	4,0%	
All		N	25	25	
		%	100,0%	100,0%	

A larger percentage of physiotherapists working stationary declared a burnout feeling (32% to 12%), however, the differences were not statistically significant (Table X).

Table X. Do you feel burnout?

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do you feel burnout?	Yes	N	3	8	$\chi^2 = 4,320$ df = 2 $p = 0,115$
		%	12,0%	32,0%	
	No	N	10	11	
		%	40,0%	44,0%	
	I do not know	N	12	6	
		%	48,0%	24,0%	
All		N	25	25	
		%	100,0%	100,0%	

Table XI. To what extent do you experience professional burnout?

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
To what extent do you experience professional burnout?	Very high	N	0	1	$p = 0,606$
		%	0,0%	4,0%	
	High	N	1	0	
		%	4,0%	0,0%	
	Middle	N	7	8	
		%	28,0%	32,0%	
	Low	N	1	1	
		%	4,0%	4,0%	
Very low	N	2	5		
	%	8,0%	20,0%		
At all	N	14	10		
	%	56,0%	40,0%		
All	N	25	25		
	%	100,0%	100,0%		

A negative picture of own skills was declared by 20% physiotherapists working stationary and 12% outpatient (table XII).

Table XII. Do you have symptoms of professional burnout such as a negative image of your skills?

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
A negative picture of your own skills	No	N	22	20	$\chi^2 = 0,149$ $df = 1$ $p = 0,700$
		%	88,0%	80,0%	
	Yes	N	3	5	
		%	12,0%	20,0%	
All	N	25	25		
	%	100,0%	100,0%		

The vast majority of physiotherapists in both groups did not declare lack of interest in occupational issues, differences between groups were not significant (Table XIII).

Table XIII. Have you experienced symptoms of occupational burnout such as the disappearance of occupational problems?

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
disappearance of professional issues	No	N	21	24	$\chi^2 = 0,889$ $df = 1$ $p = 0,346$
		%	84,0%	96,0%	
	Yes	N	4	1	
		%	16,0%	4,0%	
All	N	25	25		
	%	100,0%	100,0%		

On the other hand, the sense of lack of recognition was more frequent in people working in a stationary method (44%) in relation to people working in an outpatient manner (12%). In this case, the difference was significant, $p = 0.027$ (Table XIV).

Table XIV. Do you have symptoms of professional burnout such as a feeling of lack of recognition?

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
sense of lack of recognition	No	N	22	14	$\chi^2 = 4,861$ df = 1 $p = 0,027$
		%	88,0%	56,0%	
Yes	N	3	11		
	%	12,0%	44,0%		
All		N	25	25	
		%	100,0%	100,0%	

Among the physiotherapists working out of the outpatient method, the percentage of respondents confirming fair treatment by the management was 60%, while among those employed by the stationary, 20%. The differences were statistically significant, $p = 0.009$ (Table XV).

Table XV. Do you think that in the place of your work is the management's fair treatment of staff?

			Working method		Result of the test
			Outpatient patients (health center, health resort, clinic)	Stationary patients (DPS, ZOL)	
Do you think that in the place of your work is the management's fair treatment of staff?	Yes	N	15	5	$\chi^2 = 6,750$ df = 1 $p = 0,009$
		%	60,0%	20,0%	
	No	N	10	20	
		%	40,0%	80,0%	
All		N	25	25	
		%	100,0%	100,0%	

Discussion

In the literature on the subject, the number of reports on occupational burnout among physiotherapists is small, although the work of physiotherapists is indispensable in the therapeutic process and the improvement of patients. Physiotherapists play a key role in intensive therapy, rehabilitation, and community health promotion [9]. Kowalska indicates that the incidence of work-related stress and burnout in Polish physiotherapists is similar to the frequency reported in foreign surveys [10]. In 2012, Sochock's team analyzed the level of occupational stress and ways of coping with stress among healthcare professionals (physiotherapists, doctors, nurses). Studies have shown that 99% of respondents work with

occupational stress, and more than half (62%) of respondents rated their level as high. Respondents chose housework (49.4%), listening to music (42%), social meetings (39%), walking (36%), shopping (33%), physical activity (20%), sex (17.1%), snacking (24%), smoking (9%), alcohol use (4.1%). Only 15.2% of respondents used psychological assistance [11]. Own research confirmed the occurrence of stress with varying frequency in 60% of physiotherapists working with outpatients and 86% in physiotherapists working with stationary patients. Dealing with stress through sports has been declared by 36% and 28%, respectively, by 60% and 80% rest.

Nowakowska in her research showed that there is a visible connection between the lack of rewards at work and education. People with lower education need more positive reinforcements and gratuities not to feel the job situation as stressful, in contrast to people with higher education. It may be related to with self-esteem and greater dependence on the environmental assessment in people with lower education [12]. Although the authors of this study did not analyze dependencies related to the education of physiotherapists, 44% of people who work in DPS and ZOL declared a lack of appreciation for their work. In patients rehabilitated outpatiently this percentage was 12%, the difference was statistically significant ($p = 0.027$). These results probably have a justification in arduous, repetitive healing activities, carried out without any special modification and long enough working time with the same patients. Higher percentage of applicants lacking recognition, working, among others in ZOL or DPS, undoubtedly translates it into the nature of work in these centers and probably the specificity of patients and residents of these centers.

Wilski, Chmielewski and Tomczak investigated the relationship between the sense of location of control and occupational burnout among Polish physiotherapists through the styles of coping with stress. Physiotherapists in difficult situations feel more burned when using strategies focused on emotions, and less when problematic. The respondents in 15% showed emotional exhaustion, 14% depersonalization and 14% lack of personal fulfillment [13]. In self-study, 36% of physiotherapists working with outpatient patients and 28% of those working with stationary patients declared coping with stressful situations through sport, while dealing with stressful situations through rest confirmed 60% and 80%, respectively, for a stationary group. research on the effectiveness of coping strategies used by physiotherapists and other professional groups. In order to better understand the importance of individual methods of coping with stress in preventing burnout, further research is necessary in this area. It seems logical that overloading with duties and lack of time to relax can cause energy loss,

chronic fatigue, discouragement, or in other words can lead to emotional and physical exhaustion.

Another factor increasing the risk of exacerbation of burnout symptoms among physiotherapists may be working with people with specific health problems. There are suggestions in the literature that professional contact with patients with specific types of disorders can be a source of greater stress than work with other types of patients [14]. Own research seems to confirm these observations, because a larger percentage of physiotherapists working with patients staying in stationary centers (DPS, ZOL) confirmed the stress accompanying their work. It was 92% of physiotherapists. This is probably due to the specificity of functioning of these patients and the physical effort necessary in the process of their rehabilitation. Working with neurological patients can connect with the difficulties in communication and communication that is necessary for effective improvement. Worse cognitive and physical functioning of people after damage to the nervous system compared with patients with other diseases can cause a greater mental burden for people working with them.

Potocka has shown that a stressful lifestyle can contribute to the occurrence of health problems. Among the most common ones mentioned: neck and shoulder tension, headaches, migraine, stomach disorders, nausea, excessive sweating, speeding up the heart, loss of appetite or excessive appetite. In addition, anxiety, lack of energy, fatigue, nervousness, hyperactivity, self-closing, distraction, frustration, narrowing attention, negative attitude, increased susceptibility to accidents, reduced ability to cope with difficulties, irritability, feelings of dissatisfaction, poor concentration [15]. In our own research, to the question if the physiotherapist's work is stressful, 92% of physiotherapists working with patients staying stationary in the centers answered affirmatively, compared to 68% of affirmative answers in outpatient work. This may indicate, among other things, the workload of this group and the low level of satisfaction resulting from various factors. It should also be noted that these results may indicate the specificity of the physiotherapist's profession in Poland. In turn, Brattig et al. Aimed to examine the level of stress related to the work of physiotherapists and its impact on job satisfaction. They analyzed the impact of stress on occupational accidents and occupational diseases of physiotherapists. The researchers proved that despite the high requirements, experienced stress, inadequacy of human resources to the number of patients, the majority of surveyed physiotherapists were satisfied with their work. However, the authors believe that efforts should be made to promote health among physiotherapists, and these activities should in particular prevent skin diseases, disorders of the musculoskeletal

system and accidents due to tripping and falling, which is most often experienced by this professional group [16]. In own studies, the vast majority of physiotherapists also declared satisfaction with their work, it was as much as 96% of physiotherapists working with outpatient patients and 88% of those working with stationary staying patients in the center.

Occupational burnout is perceived as a set of behaviors arising from professional burdens and has been the subject of empirical research for nearly 42 years. It can be noticed that occupational burnout is to a large extent related to the specificity of the profession and its characteristic stressors [17]. Studies show that burnout is the final result of long-term exposure to stress, in particular through the use of ineffective remediation. Rehabilitation, treatment and care of a sick person can be a significant stress burden. Work in the health service is associated with the occurrence of characteristic organizational difficulties. These difficulties are the result of cultural transformations because the working environment is shaped by economic, political and social factors [7]. Kowalska [10] examined 64 professionally active occupational physiotherapists who worked with patients suffering from various disorders (neurological, orthopedic, rheumatic, pulmonary and cardiac) as well as with children, athletes and disabled people. She observed that work could be a factor increasing the risk of exacerbation of burnout symptoms among physiotherapists with patients with specific health problems. In the presented material, higher results were observed in physiotherapists who improved people with neurological and orthopedic problems. This is probably due to the specificity of functioning of these patients and the effort necessary in the process of their rehabilitation. In the studies of M.Kovacs, E.Kovacs and K.Hegedus [19], it was shown that the most burned doctors are characterized by a high level of introversion and neuroticism. This means that they show the greatest reserve in social contacts, they are the most emotionally unstable and have a tendency to experience negative emotions.

On the basis of the conducted research and the review of the literature, it can be concluded that physiotherapists are very exposed to stressors. The responsibilities that they have to perform are highly responsible, requiring them to have large skills and competences, and working with sick and disabled people is often a source of mental exhaustion.

Conclusions

Physiotherapists working with stationary patients are more likely to report situations that may affect the burnout process, among others: a feeling of lack of recognition, unfair treatment of staff by the management, stress at work.

There were no significant differences in coping with stressful situations for both groups of physiotherapists.

The results of the conducted research seem to confirm that physiotherapists are exposed to certain symptoms of burnout and may be a contribution to future research on a larger group of physiotherapists from different regions of Poland and working with a diverse group of patients.

Undoubtedly, the deepening of issues related to the phenomenon of burnout may lead to the development of effective programs to counteract it. You also have to realize that the consequences of the burnout syndrome also translate into relationships with such a person, i.e. patients, co-workers, friends, and family.

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