

## Professional burnout in occupational therapists

## Wypalenie zawodowe terapeutów zajęciowych

A – preparing concepts  
B – formulating methods  
C – conducting research  
D – processing results  
E – interpretation and conclusions  
F – editing the final version

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### Abstract

*Introduction:* Professional burnout is a phenomenon which may be generally defined as feeling tired of work, the lack of commitment to work, frustration and adopting a particular attitude to individuals who one is professionally related to. This phenomenon often concerns representatives of certain professions, including medical professions such as occupational therapists. The aim of the study was to find out what factors affect the level of professional burnout among occupational therapists.

*Material and methods:* The study was carried out in Poland. It included 97 professionally active occupational therapists. In the study, Maslach Burnout Inventory (MBI) was employed. Such independent variables as work experience, gender and place of employment were analysed.

*Results:* Occupational therapists under investigation manifested symptoms typical of professional burnout. From among the three subscales of MBI, the highest level was observed in the emotional exhaustion subscale. There exists a statistical correlation between work experience and one subscale of professional burnout. No statistically significant correlations were noted between professional burnout and place of employment as well as between gender and the level of professional burnout.

*Conclusions:* Over a half of the occupational therapists under investigation experienced a high level of emotional exhaustion, while in 30% of them, exhaustion was at a medium level. Simultaneously, a significantly low level of depersonalisation was revealed. The majority of the respondents manifested a high level of personal accomplishment.

### Key words:

**occupational therapists, emotional exhaustion, depersonalisation, reduced personal accomplishment**

### Streszczenie

*Wstęp:* Wypalenie zawodowe to zjawisko, które ogólnie można określić jako zmęczenie pracą, brak zaangażowania w nią, odczuwanie frustracji, a co się z tym wiąże prezentowanie określonego stosunku do osób, z którymi pozostaje się w zawodowych relacjach. Fenomen ten często dotyczy reprezentantów niektórych grup zawodowych, w tym zawodów medycznych, do których zaliczyć można terapeutów zajęciowych. Celem badań była próba udzielenia odpowiedzi na pytanie jakie czynniki wpływają na poziom wypalenia zawodowego u terapeutów zajęciowych.

*Material i metody:* Badania zrealizowane zostały w Polsce. Wzięło w nich udział 97 aktywnych zawodowo terapeutów zajęciowych. W badaniach zastosowano Kwestiona-

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The research was financed from the authors' own resources  
Badanie sfinansowane ze środków własnych autorów

riusz Wypalenia Zawodowego (Maslach Burnout Inventory). Zmiennymi niezależnymi, które analizowano były: staż pracy, płeć i miejsce zatrudnienia.

*Wyniki:* Badani terapeuci zajęciowi wykazywali symptomy charakterystyczne dla wypalenia zawodowego. Z trzech elementów modelu wypalenia zawodowego wg Maslach najwyższy poziom występował w podskali wyczerpania emocjonalnego. Istnieje statystyczna zależność między stażem pracy ankietowanych a jedną podskalą wypalenia zawodowego. Nie ma istotnej statystycznie zależności pomiędzy wypaleniem zawodowym, a miejscem pracy badanych terapeutów zajęciowych a także pomiędzy płcią, a poziomem wypalenia zawodowego.

*Wnioski:* Ponad połowa badanych terapeutów zajęciowych doświadczała wysokiego poziomu wyczerpania emocjonalnego, a ponad 30% odczuwała wyczerpanie na poziomie średnim. Jednocześnie wykazano zdecydowanie niski poziom depersonalizacji. Większość badanych odznaczała się wysokim poziomem satysfakcji zawodowej.

**Słowa kluczowe:**

**terapeuci zajęciowi, wyczerpanie emocjonalne, depersonalizacja, obniżone poczucie dokonań osobistych**

## Introduction

The notion of professional burnout was first used by Freudenberg [1], who described this phenomenon by presenting such typical behaviours as the lack of commitment to work, frustration, feeling tired of work and general aversion to it. Professional burnout comprises such components as emotional exhaustion, depersonalisation and personal accomplishment [2]. Emotional exhaustion means feeling emotionally burdened and having fewer emotional resources, which results from feeling overextended and experiencing conflicts at work. Depersonalisation means indifference or negative reactions towards recipients of one's service. It usually develops as a buffer and constitutes a specific element of one's protection. However, it is highly probable that it will transform into impersonal treatment of clients. The third subscale of burnout, i.e. reduced personal accomplishment, refers to the feeling of insufficient personal competence and achievement in one's work, which is related to an inability to deal with the requirements at work and inability to provide recipients with adequate help [3].

Taking into account the fact that professional burnout usually concerns the representatives of medical professions, it is worth focusing on the profession of an occupational therapist [4]. Working with clients who experience numerous limitations may be exhausting. It is observed particularly in a situation when occupational therapists who help others have an excessively idealistic vision of their profession and their confrontation with reality leads to the loss of energy and purposefulness at work [5]. The job of a therapist is inseparably connected with

the feeling of stress, which results, inter alia, from being exposed to difficult behaviours, conducting long-lasting interventions and uncertain results of therapeutic activities [6]. Low esteem of this job in Poland, which manifests itself in unsatisfactory salaries or in the lack of knowledge about this profession in the society, constitutes another risk factor of professional burnout [7].

In the light of the above, it was concluded that it is worth taking up research on factors affecting the level of professional burnout among occupational therapists.

## Material and methods

The research focused on the question of what factors affect the level of professional burnout among occupational therapists.

This research problem was accompanied by the following detailed research questions:

1. Is there a correlation between the level of professional burnout among occupational therapists and their work experience?
2. Is there a correlation between the level of professional burnout among occupational therapists and their place of employment?
3. Is there a correlation between the level of professional burnout among occupational therapists and their gender?

The level of professional burnout defined by such burnout indicators as emotional exhaustion, depersonalisation and personal accomplishment constituted a dependent variable. The indicators were determined on the basis of Maslach Burnout Inventory (MBI).

Work experience, gender and place of employment were independent variables which were determined on the basis of declarations of the respondents included in the personal information form attached to the MBI.

The study group selected in a non-probability purposive sampling included professionally active occupational therapists who gave their consent to participate in the study. Working as an occupational therapist at the time of the study constituted an inclusion criterion.

The study included 97 participants ( $N = 97$ ), 14% of whom ( $N = 14$ ) were men and 86% ( $N = 83$ ) were women. The youngest study participant was 22 years old, while the oldest one was 58. Mean age was 34 years. The biggest group, i.e. 42% of the respondents, was constituted by occupational therapists aged 22 to 30. The smallest group (13%) consisted of individuals over 49 years of age.

In Poland, the profession of an occupational therapist may be practised both by university graduates and by individuals with vocational education. It may also be practised by persons who took university courses other than occupational therapy and completed their education during courses and post-graduate studies. In terms of education, the majority of the respondents were persons who graduated from university. Bachelor's degree was obtained by 34% of the respondents, while Master's degree was received by 41% of the study participants. Only 2% of the study participants graduated from vocational schools. The remaining respondents (23%) had upper-secondary vocational education. From among the study participants who had higher education, 32% indicated that they had studied occupational therapy at university. The same percentage of the respondents studied occupational therapy at a post-secondary school or at a post-graduate school or a course. Another group of 32% of the respondents graduated from pedagogical or medical (physiotherapy) university courses or from courses classified as other courses (social work, management, administration, psychology, sociology, gardening, career counseling, medical carer).

Places of employment most often indicated by the study participants (36%) were nursing homes (NH). A group of 22% of the examined occupational therapists worked at occupational therapy workshops (OTW). In turn, 13% of the respondents were employed at community self-help

centres (CSHC). Other (less common) places of employment included care and curative institutions (CCI) – 6%, rehabilitation centres and rehabilitation hospitals (RC/RH) – 3%, clients' home environment (HE) – 3%. The category of other workplaces constituted 13% of all the responses and included such institutions as day nursing homes, education and rehabilitation centres, out-patient psychiatric wards, psychiatric hospitals, special needs and integrated kindergartens and nursery schools, healthcare centres, hospice and day medical care home for post-hospital patients.

An issue of the respondents' places of employment was closely related to the open-ended question concerning types of clients that they were working with. The obtained answers were divided into the following 7 categories: elderly individuals (27%), children with intellectual and physical disabilities (3%), adults with intellectual and physical disabilities (5%), individuals with neurological diseases (19%), individuals with mental disorders (51%), adults with intellectual disabilities (38%) and others (6%). The last category included other single answers.

The respondents were also asked about their work experience as occupational therapists. A minimum length of work experience was 6 months, while a maximum length was 35 years. On average, the study participants practised this profession for approximately 7 years. Persons whose work experience was shorter than 9 years constituted 64% of the respondents, individuals working from 9 to 18 years comprised 25% of the study group, while therapists whose work experience fell within 19 to 27 years accounted for 10% of the study participants. Only one person practised this profession longer than 27 years.

A two-part questionnaire was employed as a research tool. The Maslach Burnout Inventory (MBI) [2,8] constituted the first part, while a personal information form was the second part of the questionnaire. The MBI licence was purchased for the needs of this study. The first part of the questionnaire included 22 statements assessed by the respondents on a 7-point scale in terms of the frequency at which they experienced these situations in their work. The MBI is divided into three subscales. The first one includes 9 items and assesses "Emotional Exhaustion". The second subscale includes 5 items and is called "Depersonalisation". The last one is called "Personal Accomplishment"

and includes 8 statements. The second part of the questionnaire included personal information questions regarding basic socio-demographic data such as age, gender, work experience, place of employment, types of clients, level of education.

Prior to filling in the questionnaire, the respondents signed a consent to participate in the study.

Statistical analysis was performed with the use of STATISTICA 12 PL software. To describe the collected quantitative data, descriptive statistics were applied (arithmetic mean, standard deviation, minimum, maximum and coefficient of variation).

In order to assess the significance of correlations between selected variables, Pearson's correlation coefficient was applied. The effects whose probability value ( $p$ ) was lower than the level of

significance  $\alpha = 0.05$  ( $p \leq 0.05$ ) were treated as significant.

## Results

Firstly, the results from particular subscales of the MBI were added. The mean result from the depersonalisation subscale was 5.6 points (SD = 4.7). Standard deviation was 4.7, so there was not a big difference between a mean result and border results. In the personal accomplishment subscale, the mean result was 35.5, while standard deviation was 7.8. In the emotional exhaustion subscale, the mean result was 18.5, while standard deviation was 11.3. Descriptive statistics concerning each of the analysed elements of professional burnout are presented in table 1.

**Tab. 1.** Descriptive statistics concerning the components of professional burnout

	N	Mean	Median	Minimum	Maximum	Standard deviation	Variance	Range	Skewness	Kurtosis
Depersonalisation	97	5.6	5	0	20	4.7	22	20	0.85	0.21
Personal accomplishment	97	35.5	36	14	48	7.8	64	34	-0.56	-0.26
Emotional exhaustion	97	18.2	18	1	46	11.3	127	45	0.670	-0.21

In order to analyse the data, the subscales were divided into three levels of burnout, i.e. low, moderate and high. A high level in depersonalisation and emotional exhaustion subscales combined with a low level in the personal accomplishment subscale indicate professional burnout. A maximum possible score in the depersonalisation subscale was 30 points, so the range from 0 to 10 points meant a low level, 11-20 – a moderate level, while 21-30 – a high level of burnout. A maximum possible score in the personal accomplishment subscale was 48 points, so 0-16 points indicated a low level, 17-32 – a moderate level and 33-48 – a high level of personal accomplishment. In turn, in the emotional exhaustion subscale a maximum of 54 points could be scored, so it was assumed that 0-18 points meant a low level, 19-36 – a moderate level and 37-54 – a high level.

Group sizes at particular levels of professional burnout were calculated. A low level of depersonalisation was found in 82 respondents, a moderate level was noted in 15 persons, while

a high level was not manifested by any of the study participants. It is interesting that in as many as 55 respondents, a high level of emotional exhaustion was noted, in 34 individuals a moderate level was found, while in 8 persons the level was low. As far as personal accomplishment is concerned, 65 persons manifested its high level, 31 individuals showed a moderate level and only one respondent demonstrated a low level.

Particular elements of burnout were analysed with the use of Pearson's correlation coefficient. It was revealed that correlations between such variables as depersonalisation, emotional exhaustion and personal accomplishment were statistically significant for  $p < 0.05$ . A negative correlation between depersonalisation and personal accomplishment was noted ( $p = -0.47$ ). The correlation between emotional exhaustion and personal accomplishment was also negative ( $p = -0.54$ ). These correlations are presented in table 2.

**Tab. 2.** Correlations between burnout subscales

Variable	Depersonalisation	Emotional exhaustion	Personal accomplishment
Depersonalisation	1	0.59	<b>-0.47</b>
Emotional exhaustion	0.59	1	<b>-0.54</b>
Personal accomplishment	<b>-0.47</b>	<b>-0.54</b>	1

Correlations between the level of burnout (depersonalisation, emotional exhaustion, personal accomplishment) and work experience of occupational therapists were analysed with the use of Pearson’s correlation coefficient. Work experience correlated at a statistically significant level of  $p < 0.05$  with personal accomplishment ( $p = -0.29$ ). These correlations are presented in table 3.

**Tab. 3.** Correlation between professional burnout and work experience

Variable	Depersonalisation	Personal accomplishment	Emotional exhaustion	Work experience
Depersonalisation	1	-0.46	0.59	-0.04
Personal accomplishment	-0.47	1	-0.53	<b>-0.29</b>
Emotional exhaustion	0.59	-0.5	1	0.05
Work experience	-0.04	<b>-0.29</b>	0.05	1

Afterwards, the correlation between the level of professional burnout and gender was analysed and contingency tables were prepared for each of the subscales. The analysis of the correlation between gender and the level of depersonalisation revealed that none of the study participants manifested a high level of depersonalisation. A low level of depersonalisation was revealed in 71.43% of the men, while 28.57% of the male participants manifested its moderate level. In the group of women, 86.75% of the respondents exhibited a low level of depersonalisation, while in 13.25% of the subjects, the level was moderate. The analysis of the correlation between the level of personal accomplishment and gender revealed that none of the men manifested a high level of personal accomplishment. However, it was noted in 1.2% of the examined women. A low and moderate level was found in 50% of the examined men. In turn, 69.88% of the women manifested a low level, while

in 28.92% of the female participants the level was moderate. The last subscale which was analysed in relation to gender was emotional exhaustion. Its low level was noted in 50% of the men, a moderate level was found in 37.71% and a high level was observed in 14.29% of the male respondents. A low level of emotional exhaustion was noted in 60% of the examined women, a moderate level was observed in 35% of the subjects while a high level was displayed by 7.23% of the female participants. Due to the fact that there were more women than men in the study group, the correlations between professional burnout subscales and gender may be undermined. However, the results show that there were no significant differences between these two groups.

Another element of the analysis concerned the correlation between the level of burnout and the therapist’s workplace. Due to the fact that the question about the therapist’s place of employment was open-ended, the listed institutions were divided into the following seven categories: nursing homes (NH), occupational therapy workshops (OTW), community self-help centres (CSHC), care and curative institutions (CCI), rehabilitation centres and rehabilitation hospitals (RC/RH), clients’ home environment (HE) and others. The correlations between the therapists’ places of employment and the subscales of burnout are presented in table 4.

The selected correlations between the level of depersonalisation and a place of employment are as follows: a low level of depersonalisation was noted in 28.87% of the therapists working at NH, 16.49% of the study participants working at OTW, 13.4% of CSHC employees, 5.15% of CCI personnel, 6.19% of the therapists employed at RC/RH, 2.06% of the respondents working at home environment and 12.37% of the study participants practising their profession at other places. The following correlations were found between the therapists’ workplaces and the level of personal accomplishment: 19.59% of the respondents employed at NH demonstrated a high level of personal accomplishment, while 16.49% manifested a moderate level of this subscale. Among persons working at OTW, 13.4% had a high level, 7.22% a moderate level and 1.03% a low level of personal accomplishment. In the group of therapists working at CSHC, 11.34% demonstrated a high level and 2.06% a moderate level of personal accomplishment. All the employees of CCI showed a high level of



accomplishment, while therapists from RC/RH who had a high level of this subscale constituted 4.12% and those with a moderate level – 2.06%. In the group of therapists employed at home environment, a high level of accomplishment was achieved by 2.06% of the respondents and a moderate level by 1.03% of the study participants. The last correlation under analysis concerned the place of employment and the level of emotional exhaustion. A low level of exhaustion was noted in 20.62% of the employees of NH, 10.31% of the therapists working at OTW,

9.28% of the respondents employed at CSHC and 4.12% of CCI employees. In the group of the study participants working at OTW, 8.25% experienced a moderate level of emotional exhaustion, while 3.9% manifested its high level. From among CSHC employees, 3.09% had a moderate level and 1.03% a high level of this subscale. In turn, 2.06% of the therapists employed at institutions included in the category “other places”, manifested a high level of emotional exhaustion.

**Tab. 4.** Contingency table: workplaces and subscales of burnout

	Place of employment	Depersonalisation			Personal accomplishment			Emotional exhaustion		
		L	M	H	M	L	L	M	H	
	NH									
Number		28	7	19	16	0	20	13	2	
% of the total		28.87%	7.22%	19.59%	16.49%	0	20.62%	13.40%	2.06%	
	OTW									
Number		16	5	13	7	1	10	8	3	
% of the total		16.49%	5.15%	13.40%	7.22%	1.03%	10.31%	8.25%	3.09%	
	CSHC									
Number		13	0	11	2	0	9	3	1	
% of the total		13.40%	0	11.34%	2.06%	0	9.28%	3.09%	1.03%	
	CCI									
Number		5	1	6	0	0	4	2	0%	
% of the total		5.15%	1.03%	6.19%	0	0	4.12%	2.06%	0%	
	RC/RH									
Number		6	0	4	2	0	3	3	0%	
% of the total		6.19%	0	4.12%	2.06%	0	3.09%	3.09%	0%	
	HE									
Number		2	1	2	1	0	1	2	0%	
% of the total		2.06%	1.03%	2.06%	1.03%	0	1.03%	2.06%	0%	
	Other places									
Number		12	1	10	3	0	8	3	2	
% of the total		12.37%	1.03%	10.31%	3.09%	0	8.25%	3.09%	2.06%	
Total number		82	15	65	31	1	55	34	8	
% of the total		84.54%	15.46%	67.01%	31.96%	1.03%	56.70%	35.05%	8.25%	

## Discussion

The study revealed that over a half of the examined occupational therapists experienced a high level of emotional exhaustion and over

30% of the respondents manifested its moderate level. Simultaneously, a generally low level of depersonalisation was revealed, while the majority of the respondents displayed a high level of personal accomplishment. Taking into account the pattern of

professional burnout described by Maslach, it may be concluded that, as a result of high interpersonal demands, therapists may experience emotional exhaustion which might lead to depersonalisation and reduced personal accomplishment (at the same time indicating professional burnout). Therefore, it may be assumed that the examined therapists experienced an initial stage of professional burnout. It must be highlighted that a vast majority of the therapists under investigation practised this profession for less than 9 years, which may be connected with a low level of depersonalisation.

One of the first studies concerning professional burnout among occupational therapists assessed with the use of the MBI was carried out by Roger and Dodson [4] on a group of 99 occupational therapists from the south-eastern part of the United States. The study revealed a strong positive correlation between age and emotional exhaustion and a positive correlation between time spent directly with a client and emotional exhaustion and depersonalisation. It was already then that the researchers noted that therapists manifested a high or moderate level of emotional exhaustion at the beginning of their career.

Another study with the use of the MBI was conducted by Schlenz, Guthrie and Dudgeon [9], who examined 40 therapists, including 21 occupational therapists and 19 physiotherapists working with individuals after head injuries from the area of north-west Pacific. The study participants had to have at least 1-year-long work experience with these patients and had to work full time. According to the obtained results, the majority of the respondents experienced a high level of personal accomplishment, an average level of emotional exhaustion and a low level of depersonalisation. These results were in line with the findings of our study. Paitner, Akroyd, Elliot et al. [10] revealed that occupational therapists manifested an increased level of emotional exhaustion and a relatively low level of depersonalisation and personal accomplishment. Their profession was compared to other jobs involving helping others and it was revealed that persons who worked with chronically ill individuals experienced a relatively higher level of professional burnout than persons working with other clients. Lloyd and King [11] examined 304 mental health occupational therapists and social workers. No significant differences were found between these two groups as both of them manifested a high level

of emotional exhaustion and a moderate level of depersonalisation and personal accomplishment. These results are similar to our results and they confirm the fact that persons whose jobs involve helping others are particularly prone to professional burnout and mainly to emotional exhaustion which is related to it. Occupational therapists working in mental health were also examined by Scanlan and Still [12], who revealed that professional burnout is related to a low level of personal accomplishment.

In Poland, there are few studies concerning professional burnout among occupational therapists. The studies on professional burnout in medical professions were conducted on physiotherapists [13], nurses [14,15,16] and doctors [17]. Representatives of medical professions are often examined together; however, they do not include occupational therapists [18]. One of the few studies on occupational therapists that involved standard MBI and Life Orientation Test was conducted by Supernat and Salagara [19] on a group of 88 occupational therapists. It revealed that relatively high results of personal accomplishment did not mean obtaining a low result in the emotional exhaustion subscale. It showed that therapists were satisfied with their work and with their accomplishments; however, it did not reduce their level of emotional exhaustion. This result is similar to the one revealed in our study.

To sum up, it may be concluded that the results of the above-mentioned studies differ only slightly despite the fact that they were conducted in different countries on persons working with different groups of clients and in different types of institutions. In the majority of studies, therapists demonstrated a high level of emotional exhaustion with a high or moderate level of personal accomplishment and a low or moderate level of depersonalisation. It may result from the fact that working with individuals with physical, mental or intellectual disabilities is burdensome for all the representatives of jobs that involve helping these individuals. The more difficult the client's situation, the larger the burden.

The results of our research correspond with the findings of other researchers, according to which emotional exhaustion was the main symptom of burnout among occupational therapists. The fact that there were no significant correlations between professional burnout of occupational therapists and their gender and place of employment and there was a weak correlation with work experience leads to a conclusion that it is justifiable to develop research

on correlations between the specificity of clients (taking into account their level of disability) and the level of professional burnout or between the level of burnout and emotional intelligence of therapists.

### Conclusions

The study and data analysis allowed us to draw the following conclusions:

1. The examined occupational therapists manifested symptoms characteristic of professional burnout.
2. The highest level of burnout among the therapists was noted in the emotional exhaustion subscale, while the lowest level was revealed in the depersonalisation subscale.
3. A statistically significant correlation was revealed between the respondents' work experience and one subscale of professional burnout, i.e. personal accomplishment. It may result from the fact that the biggest group of the occupational therapists under investigation practised this profession for a relatively short time, i.e. less than 9 years.
4. No statistically significant correlation was found between professional burnout and a place of employment of the examined occupational therapists. It may indicate that work environment of occupational therapists does not determine significantly their exposure to professional burnout.
5. There was no statistically significant correlation between occupational therapists' gender and professional burnout.

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