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Prevalence of Sexual Harassment Toward and Burnout Among Allied Healthcare Professionals

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Prevalence of Sexual Harassment Toward and Burnout Among Allied Healthcare Professionals

Abstract

Purpose: Burnout is a psychological cognitive-affective syndrome that is defined by emotional exhaustion, depersonalization, and reduced accomplishment. Burnout has been identified as a common issue in several allied healthcare professions, and is often contributed to by stress, workload, and social support. At the time of this study, there appears to be no published research on the relationship between levels of sexual harassment and levels of burnout. The purpose of this was to describe the prevalence of burnout and sexual harassment among allied healthcare professionals and students. A secondary purpose was to examine the potential relationship between sexual harassment and burnout among allied healthcare professionals and students. **Methods:** A total of 173 allied healthcare professionals and students (age = 43 ± 13 , years of certified experience = 17 ± 12) opened and completed the instrument. Participants were sent an electronic survey via email that collected demographic information and assessed levels of burnout and sexual harassment. Data was downloaded and analyzed using a commercially available statistics package. **Results:** On average, allied healthcare professionals and students were at risk of burnout. There was a significant positive correlation between levels of burnout and sexual harassment. Additionally, females were significantly more likely to report workplace sexual harassment than males. **Conclusions:** The findings of this study suggest, on average, allied healthcare professionals and students are at risk of burnout. The findings also suggest that female allied healthcare professionals and students are more likely to experience burnout as a result of workplace sexual harassment. There is an evident need for employers to enhance policies and procedures to reduce and eliminate the occurrence of sexual harassment in the workplace. Doing so has the potential to reduce the risk of burnout among female allied healthcare professionals and students.

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ABSTRACT

Purpose: Burnout is a psychological cognitive-affective syndrome that is defined by emotional exhaustion, depersonalization, and reduced accomplishment. Burnout has been identified as a common issue in several allied healthcare professions, and is often contributed to by stress, workload, and social support. At the time of this study, there appears to be no published research on the relationship between levels of sexual harassment and levels of burnout. The purpose of this was to describe the prevalence of burnout and sexual harassment among allied healthcare professionals and students. A secondary purpose was to examine the potential relationship between sexual harassment and burnout among allied healthcare professionals and students. **Methods:** A total of 173 allied healthcare professionals and students (age= 43 ± 13 , years of certified experience = 17 ± 12) opened and completed the instrument. Participants were sent an electronic survey via email that collected demographic information and assessed levels of burnout and sexual harassment. Data was downloaded and analyzed using a commercially available statistics package. **Results:** On average, allied healthcare professionals and students were at risk of burnout. There was a significant positive correlation between levels of burnout and sexual harassment. Additionally, females were significantly more likely to report workplace sexual harassment than males. **Conclusions:** The findings of this study suggest, on average, allied healthcare professionals and students are at risk of burnout. The findings also suggest that female allied healthcare professionals and students are more likely to experience burnout as a result of workplace sexual harassment. There is an evident need for employers to enhance policies and procedures to reduce and eliminate the occurrence of sexual harassment in the workplace. Doing so has the potential to reduce the risk of burnout among female allied healthcare professionals and students.

Keywords: Burnout, Sexual Harassment, Allied Healthcare

INTRODUCTION

Sexual harassment is generally defined as any unwanted actions, words, or other behaviors of a sexual nature.¹ While sexual harassment can take place anywhere, workplace sexual harassment is an issue that appears to be encountered by many individuals in the healthcare field.²⁻⁵ Although sexual harassment can be perpetrated against any individual regardless of sex, females often report more incidents of sexual harassment.³ Most studies conducted on sexual harassment toward healthcare professionals have been conducted related to patient care, but there have been studies that note that harassment can take place during education as well.⁶

Another issue facing many healthcare professionals is burnout. Burnout is a psychological cognitive-affective syndrome that is defined by emotional exhaustion, depersonalization, and reduced accomplishment.⁷ Emotional exhaustion is characterized by mental fatigue and gradually increasing emotional distance from an individual's work.⁷ Depersonalization is characterized by an individual distancing themselves from the recipients of their service.⁷ Reduced accomplishment takes the form of a lack of job-related efficacy.⁷ Among athletic trainers, some of the predictive factors for burnout include perceived stress, amount of workload, and presence of social support.⁷ Other allied healthcare professions have also reported burnout among their members, regardless of being in a clinical or educational setting.⁸⁻¹¹

Even though sexual harassment and burnout have been studied within allied healthcare professionals, there do not appear to be any studies that have investigated the relationship between these two factors. Given the role stress can play in the incidence of burnout, sexual harassment is a factor that merits consideration. Thus, the purpose of this study was to describe the prevalence of sexual harassment and burnout among allied healthcare professionals. A secondary purpose was to examine the potential relationship between sexual harassment and burnout in this population.

METHODS

Design

This study was conducted using a cross-sectional design with an internet-based survey for data collection.

Respondents

Participants were recruited for this study by emailing head athletic trainers from publicly available staff directories at institutions of higher education and high schools, athletic training program directors, the attendees of the 2020 Texas Occupational Therapy Association Annual Symposium, program directors for occupational therapist and occupational therapy assistant programs, program directors for physical therapy and physical therapy assistant programs, and program directors for nursing programs. These individuals were asked to forward the study invitation to their peers, alumni databases, and current students. A total of 173 allied healthcare professionals and students (age = 43 ± 13 , years of certified experience = 17 ± 12) opened and completed the survey. Demographic information for participants is presented in Table 1. All participants were informed of the survey's purpose and informed consent was obtained.

Table 1. Totals and percentages for participant demographic information.

Demographic Factor	Criteria	Responses
Sex	Female	132, 76.3%
	Male	41, 23.7%
Position	Athletic Trainer	83, 48.0%
	Athletic Training Student	5, 2.9%
	Physical Therapist	24, 13.9%
	Physical Therapy Assistant	15, 8.7%
	Physical Therapy Assistant Student	6, 3.5%
	Occupational Therapist	21, 12.1%
	Occupational Therapy Assistant	8, 4.6%
	Occupational Therapy Student	2, 1.2%
	Registered Nurse	9, 5.2%
Are you Hispanic/Latino(a)?	Yes	15, 8.7%
	No	156, 90.2%
	Prefer not to answer	2, 1.2%

What race do you consider yourself?	White	149, 86.1%
	Black or African American	11, 6.4%
	Asian	5, 2.9%
	Pacific Islander	1, 0.6%
	Native American	1, 0.6%
	Other	6, 3.5%
What is your sexual orientation?	Straight/Heterosexual	150, 86.7%
	Gay/Lesbian	11, 6.4%
	Bisexual	12, 6.9%

Instrumentation

Following the informed consent question and demographics section, the participants were asked questions related to their level of burnout and how much sexual harassment they encountered in the workplace. Questions related to burnout were taken from a self-screening tool (MindTools Burnout Self-Test, MindTools, Edinburgh, Scotland).¹² Questions related to sexual harassment were adapted from a previous study.^{13,14}

The survey consisted of 44 total questions. These questions included: one question regarding consent to participate in the study, two fill in the blank and six multiple choice questions regarding demographic information, 15 multiple choice questions on levels of burnout using a scale of “not at all” to “very often,” and 20 multiple choice questions on levels of sexual harassment using a scale of “never” to “many times.”

Procedures

An email was sent to head athletic trainers from publicly available staff directories at institutions of higher education and high schools, athletic training program directors, the attendees of the 2020 Texas Occupational Therapy Association Annual Symposium, program directors for occupational therapist and occupational therapy assistant programs, program directors for physical therapy and physical therapy assistant programs, and program directors for nursing programs. These individuals were asked to forward the study invitation to their peers, alumni databases, and current students. These individuals were asked to complete the survey truthfully. The email included an invitation to participate in a survey, and a link from a web-based survey company (Qualtrics Inc., Provo, UT) in October 2021. A follow up email was sent two-weeks after the initial invitation, and the survey was closed a week after the second email was sent.

Data Analysis

Information from completed surveys was downloaded and analyzed using a commercially available statistics package (SPSS Version 28, IBM, Armonk, NY). A total of 173 allied healthcare professionals and students responded, consented, and completed the study. All 173 responses were included in the data analysis. Burnout scores were reported numerically with 15 being the lowest possible score, and 75 being the highest possible score. Burnout score interpretations are presented in Table 2. Sexual harassment scores were reported numerically with zero being the lowest possible score, and 100 being the highest possible score. Measures of central tendency (means, standard deviations, frequencies) were calculated where appropriate. Pearson correlations were conducted to examine any relationships between age, experience, strength of spirituality, levels of burnout, and levels of sexual harassment. Individual samples t-tests were conducted to determine differences in levels of burnout and levels of sexual harassment based on gender and sexual orientation. A one-way ANOVA was conducted to determine differences between groups based on profession.

Table 2. Score interpretations for the Burnout Self-Test.¹²

Score	Interpretation
15-18	No sign of burnout here.
19-32	Little sign of burnout here unless some factors are particularly severe.
33-49	Be care – you may be at risk of burnout, particularly if several scores are high.
50-59	You are at severe risk of burnout – do something about this urgently.
60-74	You are at very severe risk of burnout – do something about this urgently.

RESULTS

Burnout

On average, responding allied healthcare professionals and students were at risk of suffering burnout (40.7 ± 10.9). Average scores are presented in Table 2 broken down by profession. When analyzed between groups, there was no significant difference in burnout between allied healthcare fields ($F(3,169) = 0.462, p = 0.709$). When comparing differences between sexes, there was no significant difference in burnout levels between males and females ($p = 0.969$). When comparing differences between sexual orientation, there was no significant difference in burnout levels between heterosexual and LGBTQIA+ individuals ($p = 0.395$).

Table 2. Mean scores and standard deviations on Burnout Self-Test by profession.

Profession	Score	Interpretation
Athletic Training	41.1 ± 10.6	Risk of burnout
Physical Therapy	41.0 ± 10.9	Risk of burnout
Occupational Therapy	38.6 ± 12.5	Risk of burnout
Nursing	42.0 ± 10.8	Risk of burnout

Sexual Harassment

The average score on sexual harassment questions among all allied healthcare professionals and students was 7.9 ± 8.5 . Average scores are presented in Table 3 broken down by profession. When analyzed between groups, there was no significant difference ($F(3,169) = 0.462, p = 0.118$). When comparing differences between sexes, females (9.24 ± 9.08) were more likely to report occurrences of sexual harassment than males (3.67 ± 3.54). This difference was statistically significant ($p < 0.001$). When comparing differences between sexes, there was no significant difference between heterosexual and LGBTQIA+ individuals ($p = 0.398$).

Table 3. Mean scores and standard deviations on Sexual Harassment Questions by profession

Profession	Score
Athletic Training	8.4 ± 10.6
Physical Therapy	7.7 ± 10.9
Occupational Therapy	5.3 ± 5.0
Nursing	10.3 ± 7.5

Relationships Between Burnout, Sexual Harassment, and Demographic Factors

When analyzing the responses of all participants, several correlations were statistically significant. Significant correlations are included in Table 4.

Table 4. Significant correlations in all participants.

Factors	Correlation	Effect Size	Strength
Age and Levels of Sexual Harassment	$r(171) = -0.326, p < 0.001$	0.11	Small Negative
Experience and Levels of Sexual Harassment	$r(171) = -0.304, p < 0.001$	0.09	Negligible Negative
Strength of Spirituality and Levels of Sexual Harassment	$r(171) = -0.189, p = 0.13$	0.01	Negligible Negative
Levels of Sexual Harassment and Levels of Burnout	$r(171) = 0.349, p < 0.001$	0.12	Small Positive

DISCUSSION

The purpose of this study was to describe the prevalence of sexual harassment and burnout among allied healthcare professionals and students. A secondary purpose was to describe the relationship between levels of sexual harassment, levels of burnout, and other demographic factors in allied healthcare professionals and students.

On average, participants in all allied healthcare professionals answered the Burnout Self-Test in a way that indicate at least some risk of burnout (40.7 ± 10.9). Analysis revealed no significant differences between groups. This suggests that athletic trainers, physical therapy professionals, occupational therapy professionals, and registered nurses have a similar risk of burnout. This information is important to employers, as a uniform risk of burnout indicates the need for considering changes to the work environment to address exacerbating factors.

The findings of this study indicated significant negative correlations between age, years of experience, and strength of spirituality when related to reporting sexual harassment in the workplace. While age and years of experience may garner more respect for an

individual in the workplace, the scope of this study did not examine what may have caused the negative correlation between strength of spirituality. This correlation could provide the basis for future research.

Statistical analysis also revealed a significant positive correlation between levels of sexual harassment and levels of burnout. In short, individuals who experience more sexual harassment in the workplace may be at higher risk for experiencing burnout. When compared based on sex, females reported significantly more sexual harassment in the workplace. This finding is important for informing revisions of existing policies and implementation of new policies and procedures to decrease the occurrence of sexual harassment in the workplace.

Limitations

A possible limitation of this study was the relatively low number of responses. While the total number of responses is similar to other survey-based studies conducted on allied healthcare professionals, an exhaustive and definitive statement on the relationship between sexual harassment and burnout in allied healthcare professionals and students would require a larger scale study.^{15,16} This study provides a framework for conducting a study that collects data from a larger number of participants.

Recommendations for Future Research

There is a need for further research into the prevalence of sexual harassment and burnout in allied healthcare professionals and students. Directions for future research should include examining other relationships and causations of burnout in order to combat this syndrome. Future research should also further examine the relationship between strength of faith and spirituality and reporting sexual harassment in the workplace.

CONCLUSION

In conclusion, on average allied healthcare professionals and students are at risk of burnout. While previous causative factors like workload, perceived stress, and social support have been identified, this study found that sexual harassment is related to an increase in burnout among female allied healthcare professionals and students. There is an evident need for employers to enhance policies and procedures to reduce and eliminate the occurrence of sexual harassment in the workplace. Doing so has the potential to reduce the risk of burnout among female allied healthcare professionals and students, who were significantly more likely to experience burnout related to sexual harassment compared to their male counterparts.

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