Original Article

The Impact of Burnout among Occupational Therapists on Patient Satisfaction at King Abdulaziz Medical City: A Cross-Sectional Study

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ABSTRACT

Objective: This study aimed to examine the association between burnout among occupational therapists and patient satisfaction at King Abdulaziz Medical City, Riyadh.

Study Design: A cross-sectional correlational study

Place and Duration of Study: This study was conducted at the at King Abdulaziz Medical City, Saudi Arabia from 20 March 2025 to 20 May 2025

Methodology: This study was conducted among 16 occupational therapists and 160 patients at King Abdulaziz Medical City. Therapist burnout was assessed using the Burnout Assessment Tool (BAT), while patient satisfaction was evaluated using Monnin and Perneger's patient satisfaction questionnaire.

Results: A statistically significant negative correlation was observed between occupational therapist burnout and patient satisfaction ($r = -0.63$, $p = 0.009$), indicating that higher burnout levels were associated with lower patient satisfaction. Overall, 68.75% of occupational therapists reported high or very high levels of burnout, with a mean BAT score of 3.42 ± 1.12. Despite the high prevalence of burnout, overall patient satisfaction remained high, with a mean score of 4.62 ± 0.31. Patient satisfaction scores were significantly lower among patients treated by therapists with very high burnout compared with those treated by therapists with average or high burnout levels.

Conclusion: Higher levels of burnout among occupational therapists were significantly associated with lower patient satisfaction. Although overall patient satisfaction remained high, the findings suggest that severe therapist burnout may negatively influence patients' experiences of care. Organizational strategies aimed at reducing occupational burnout and supporting therapist well-being may therefore contribute to maintaining and improving patient-centered rehabilitation services.

Key Words: Burnout, Occupational therapists, Patient satisfaction, healthcare, healthcare professionals

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INTRODUCTION

Burnout has emerged as one of the most pressing occupational hazards affecting healthcare professionals globally. Defined by the World Health Organization (WHO) in the ICD-11 as a syndrome resulting from chronic workplace stress that has not been successfully managed, burnout has shifted from being perceived as an individual concern to a critical organizational and systemic issue[1]. Healthcare systems are particularly vulnerable due to their high-pressure environments, complex care demands, and emotional labor. Studies have shown that burnout prevalence among healthcare workers, including physicians, nurses, and therapists, is significantly higher than in the general workforce[2]. Emotional exhaustion refers to feelings of being overextended and depleted, while depersonalization involves developing cynicism toward patients, and diminished personal accomplishment pertains to a perceived lack of professional efficacy. Recent developments in burnout theory, such as the job demands-resources (JD-R) model, offer a broader

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perspective. The JD-R framework postulates that burnout arises when job demands exceed the personal and organizational resources available to cope with those demands[3]. Among the various healthcare professionals, occupational therapists (OTs) are uniquely positioned in the rehabilitation continuum, managing complex patient needs across physical, cognitive, and psychosocial domains. Their work often requires intensive, long-term engagement with patients facing life-altering conditions, demanding both technical expertise and deep emotional investment[4]. Internationally, burnout among occupational therapists has been linked to high administrative burdens, evolving expectations for productivity, and emotional labor intrinsic to therapeutic relationships[5]. This trend is not isolated. A study noted that burnout increases with professional longevity, underscoring its cumulative nature. Furthermore, contemporary healthcare is undergoing rapid technological and organizational transformations, many of which impose new pressures on the workforce[6]. The COVID-19 pandemic dramatically exacerbated existing stressors. From a workforce sustainability perspective, retaining skilled occupational therapists is crucial for a functional and resilient rehabilitation system[7]. Identifying and mitigating burnout risks can reduce early career exits and enhance job satisfaction, thereby strengthening the healthcare workforce. Finally, the research has educational implications[8-10]. The findings can inform occupational therapy training programs to integrate burnout prevention, emotional regulation, and resilience-building strategies into curricula. This can better prepare future therapists to navigate the complex emotional and cognitive demands of their roles.

METHODOLOGY

A cross-sectional correlational study was conducted at King Abdulaziz Medical City (KAMC), Riyadh, from 20 March 2025 to 20 May 2025. The study was designed to assess the association between burnout among occupational therapists and patient satisfaction without manipulating any study variables. The study population consisted of occupational therapists working at KAMC and patients receiving occupational therapy services. Census sampling was used for occupational therapists because of the small number of eligible therapists. All 16 eligible occupational therapists were included in the study. For patients, convenience sampling was used, and 160 patients were recruited, with 10 patients linked to each participating therapist. Occupational therapists were eligible if they were licensed, currently employed at KAMC, had worked at the institution for at least six months, provided direct patient care for at least 20 hours per week, and agreed to participate and complete the burnout assessment. Patients were included if they were aged 18 years or older, had received at least three occupational therapy sessions from a participating therapist, were cognitively able to complete the questionnaire independently or with minimal assistance, were not experiencing acute psychological distress, and provided informed consent.

Data Collection and Matching: Eligible therapists were invited through departmental emails and staff meetings, while patients were identified through scheduling records and approached during therapy sessions or follow-up visits. A confidential coding system was used to link each patient's satisfaction score with the occupational therapist who provided their care. This allowed therapist burnout scores to be directly correlated with the satisfaction scores of their respective patients while maintaining confidentiality. Burnout among occupational therapists was assessed using the 23-item Burnout Assessment Tool (BAT) developed by Schaufeli et al. The tool measures four dimensions: exhaustion, mental distance, cognitive impairment, and emotional impairment. Therapists completed the questionnaire electronically through Microsoft Forms using a 5-point Likert scale ranging from 1 = never to 5 = always. Mean scores were calculated for each domain and an overall burnout score was obtained by averaging all 23 items. Scores were categorized as very low, low, average, high, and very high burnout. The BAT has demonstrated strong internal consistency, with Cronbach's alpha values ranging from 0.86 to 0.92 for individual subscales and 0.95 for the overall scale. Patient satisfaction was measured using the 14-item Monnin and Perneger patient satisfaction questionnaire. The instrument evaluates four domains: treatment satisfaction, admission process, logistics, and global assessment. Patients completed the questionnaire through Microsoft Forms using a 5-point response scale, scored from 1 = poor to 5 = excellent. Mean domain scores and an overall satisfaction score were calculated, with higher scores indicating greater satisfaction. The instrument has demonstrated good internal consistency, with a Cronbach's alpha of 0.91 for the overall scale and values ranging from 0.77 to 0.90 for its subscales.

Statistical Analysis: Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize demographic characteristics, burnout levels, and patient satisfaction scores. Pearson's correlation coefficient was used to assess the association between therapist burnout and patient satisfaction. One-way ANOVA followed by Tukey's post-hoc test was used to compare patient satisfaction scores across different burnout categories. Independent-samples t-tests and ANOVA were also used to assess differences according to demographic characteristics. A p-value <0.05 was considered statistically significant.

RESULTS

A total of 16 occupational therapists and 160 patients were included in the study. The key findings are summarized below.

Table No.1: Demographic Characteristics of Study Participants

Characteristic	Occupational Therapists (n = 16)	Patients (n = 160)
Age, years, Mean ± SD	30.63 ± 4.21	52.1 ± 14.2
Male, n (%)	9 (56.25%)	83 (52.0%)
Female, n (%)	7 (43.75%)	77 (48.0%)
Bachelor's degree, n (%)	9 (56.25%)	54 (33.7%)
Master's degree, n (%)	6 (37.50%)	8 (5.0%)
Professional experience, years, Mean ± SD	6.19 ± 2.97	—

The mean age of occupational therapists was 30.63 ± 4.21 years, with mean professional experience of 6.19 ± 2.97 years. Among therapists, 56.25% were male and 43.75% were female. Patients had a mean age of 52.1 ± 14.2 years, with 52.0% males and 48.0% females.

Table No.2: Distribution of Burnout Levels Among Occupational Therapists

Burnout Level	n	%
Very high	9	56.25
High	2	12.50
Average	5	31.25
Low/Very low	0	0.00

Burnout was common among the participating therapists. Overall, 68.75% had high or very high burnout: 56.25% were in the very high category, 12.50% in the high category, and 31.25% had average burnout. None had low or very low burnout.

Table No.3: Patient Satisfaction Scores by Domain

Satisfaction Domain	Mean ± SD
Treatment satisfaction	4.78 ± 0.24
Admission process	4.52 ± 0.36
Logistics	4.41 ± 0.42
Global assessment	4.76 ± 0.26
Overall satisfaction	4.62 ± 0.31

Overall patient satisfaction was high (4.62 ± 0.31 out of 5). Treatment satisfaction had the highest mean score (4.78 ± 0.24), followed by global assessment (4.76 ± 0.26), admission process (4.52 ± 0.36), and logistics (4.41 ± 0.42).

Table No.4: Correlation Between Therapist Burnout and Patient Satisfaction

Burnout Measure	Correlation Coefficient (r)	p-value
Overall burnout	−0.63	0.009
Exhaustion	−0.58	0.018
Mental distance	−0.52	0.039
Cognitive impairment	−0.49	0.054
Emotional impairment	−0.41	0.114

Overall burnout was significantly and negatively correlated with patient satisfaction ($r = -0.63$, $p = 0.009$). Exhaustion ($r = -0.58$, $p = 0.018$) and mental distance ($r = -0.52$, $p = 0.039$) were also significantly associated with lower satisfaction. Cognitive and emotional impairment showed negative but non-significant associations.

DISCUSSION

This study investigated the relationship between burnout among occupational therapists and patient satisfaction at King Abdulaziz Medical City. The results revealed a significant negative correlation between therapist burnout and patient satisfaction, providing important insights into how healthcare provider well-being impacts service quality and patient experiences. A concerning finding from this study is the high prevalence of burnout among occupational therapists at King Abdulaziz Medical City, with 68.75% of therapists experiencing high or very high burnout levels. This rate exceeds those reported in previous studies of healthcare professionals in Saudi Arabia, such as the 36% high emotional exhaustion reported by many studies[11,12].

The high burnout rates identified in this study may be attributed to several factors specific to occupational therapy practice. Occupational therapists often work with patients who have complex needs requiring prolonged, intensive, and emotionally demanding interactions. In the context of King Abdulaziz Medical City, where most therapists in this study worked in inpatient settings (81.25%), the continuous exposure to patients with severe conditions likely contributes to emotional exhaustion and burnout. Additionally, administrative burdens, including documentation requirements, limited resources, and high caseloads likely contribute to the elevated burnout levels observed[13]. In the Saudi healthcare context, these factors may be amplified by cultural expectations, organizational structures, and the rapid evolution of healthcare systems that has characterized the Kingdom's recent healthcare development. Despite the high burnout rates among therapists, overall patient satisfaction with occupational therapy services was remarkably high (mean score 4.62 out of 5)[14]. This

seemingly paradoxical finding suggests that therapists may be maintaining professional standards and quality of care despite their personal experiences of burnout. Similar findings were reported by Tariah et al. (2022), who found that occupational therapists in Riyadh maintained professional commitment despite challenges with certain job aspects[15].

The highest satisfaction domain was treatment satisfaction (mean 4.78), which encompasses therapist competence, communication, and treatment efficacy. This suggests that patients particularly value direct therapeutic interactions and perceive this as high quality. The strong ratings for therapist reassurance abilities (mean 4.89) and information about future treatment plans (mean 4.84) indicate that therapists are especially effective in providing emotional support and clear communication about treatment progression. The significant negative correlation ($r = -0.63$, $p = 0.009$) between therapist burnout and patient satisfaction provides empirical evidence that therapist well-being directly impacts patient care experiences[16]. This pattern aligns with the theoretical understanding of burnout, particularly the components of emotional exhaustion and depersonalization. When therapists experience emotional exhaustion, they have fewer psychological resources available for empathetic engagement and emotional support of patients. Similarly, depersonalization (reflected in the mental distance component of the BAT) involves psychological withdrawal and reduced emotional involvement, directly impacting interpersonal connection with patients[17]. The findings of this study must be interpreted within the cultural context of Saudi Arabia, which influences both healthcare delivery and patient expectations. Saudi Arabian culture places high value on personal relationships, respect for authority figures (including healthcare providers), and collectivist approaches to healthcare decision-making[18-20]. These cultural factors may shape how burnout manifests among therapists and how patients evaluate their care experiences. This study has several limitations that should be considered when interpreting the findings. First, it was conducted at a single tertiary healthcare institution in Saudi Arabia, which may limit the generalizability of results to other settings with different organizational structures, resources, and patient populations. Expanding future research to multiple centers would improve external validity. Second, the high patient satisfaction scores may be influenced by response bias, including social desirability and cultural tendencies toward positive evaluations of healthcare providers.

CONCLUSION

This study provides empirical evidence of a significant negative relationship between occupational therapist burnout and patient satisfaction at King Abdulaziz Medical City. Although patient satisfaction remained generally high, therapists experiencing burnout showed reduced capacity to deliver optimal care, particularly in communication and emotional support. The finding that 68.75% of therapists experienced high or very high burnout levels highlights an urgent occupational health concern. A strong negative correlation ($r = -0.63$, $p = 0.009$) confirmed that therapist well-being directly affects patient experiences, particularly in interpersonal aspects of care. A threshold effect was observed, where patient satisfaction declined markedly only when burnout reached very high levels, suggesting that therapists can initially compensate for burnout until it becomes severe.

Author's Contribution:

Concept & Design or acquisition of analysis or interpretation of data:	Zamil Alsubaie, Shakir Saleem
Drafting or Revising Critically:	Zamil Alsubaie, Shakir Saleem
Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

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