

Prevalence Of Quality Of Life (QoL) And Psychosocial Factors Among Academic Physiotherapists

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Abstract

Background: Academic physiotherapists face unique challenges due to their dual roles in teaching and clinical practice, which may influence their quality of life (QoL) and psychosocial well-being. This study explores the prevalence of QoL and psychosocial factors among academic physiotherapists.

Objective: To assess the QoL and key psychosocial factors, such as stress, work-life balance, and resilience, in academic physiotherapists and identify potential areas for intervention.

Methods: This study employed a cross-sectional design to assess the quality of life (QoL) and psychosocial factors among academic physiotherapists. Participants were recruited from various teaching institutions and included physiotherapists actively involved in academic roles for at least one year

Results: The psychological domain scores are fairly spread out, with most participants scoring between 60–80. This suggests that while many physiotherapists are managing psychological well-being well, some report moderate psychological challenges, possibly due to work-related stress

Conclusion: The findings highlight the need for targeted interventions to improve QoL and manage psychosocial challenges among academic physiotherapists. Institutions must prioritize mental health support, workload management, and resilience-building programs to ensure the well-being of their staff.

Introduction

Academic physiotherapists often face unique stressors due to the dual demands of teaching and clinical practice.¹ These stressors may lead to compromised QoL and increased psychosocial challenges, such as stress, burnout, and difficulties in maintaining work-life balance. However, limited research has been conducted to understand the prevalence of these factors among this population.² Academic physiotherapists hold a dual responsibility of teaching and clinical practice, often coupled with research and administrative roles. These multifaceted duties create unique challenges that can significantly impact their quality of life (QoL) and psychosocial well-being. Unlike clinical physiotherapists, academic physiotherapists must balance the demands of educating future professionals, staying up to date with clinical skills, publishing research, and often engaging in institutional decision-making processes. These factors collectively pose a risk to their physical, psychological, social, and environmental health.

QoL is a multidimensional concept encompassing physical health, psychological state, social relationships, and environmental factors. According to the World Health Organization (WHO), QoL reflects an individual's perception of their position in life within the context of their culture, value systems, and personal goals. Academic roles often exert pressure on these domains, leading to stress, burnout, and dissatisfaction. Investigating QoL among academic physiotherapists is essential as it influences not only their personal well-being but also their professional performance and the quality of education they deliver.

Academic physiotherapists frequently face high levels of stress due to demanding schedules, stringent deadlines, and performance expectations. Studies on health professionals highlight perceived stress as a major factor contributing to mental health issues and reduced job satisfaction. Work-life balance is another critical concern, with many professionals struggling to maintain equilibrium between personal responsibilities and work obligations.

Resilience, defined as the ability to adapt positively to adversity, is increasingly recognized as a protective factor against stress and burnout. Academic physiotherapists with higher resilience are better equipped to manage occupational demands, maintain motivation, and sustain their QoL. However, resilience levels can vary widely, and identifying strategies to enhance resilience is crucial for supporting this professional group.

The environmental and social domains play a significant role in shaping the QoL of academic physiotherapists. Factors such as access to resources, workplace safety, and institutional support can either alleviate or exacerbate stress levels. Strong social relationships and supportive professional networks have been shown to buffer the negative effects of stress and contribute to psychological well-being. Conversely, isolation or strained interpersonal dynamics at work can adversely affect mental health and job satisfaction.

Despite the growing body of research on QoL and psychosocial factors in healthcare professionals, there is limited literature focusing specifically on academic physiotherapists. Understanding the prevalence of QoL challenges and psychosocial factors in this group is essential for designing targeted interventions and institutional policies. By addressing these issues, institutions can enhance the well-being and productivity of academic physiotherapists, ultimately benefiting their students and the broader physiotherapy community.

This study aims to address this gap by assessing the QoL and psychosocial factors among academic physiotherapists, providing insights into the challenges they face and suggesting avenues for intervention.

Methods

This study employed a cross-sectional design to assess the quality of life (QoL) and psychosocial factors among academic physiotherapists. Participants were recruited from various teaching institutions and included physiotherapists actively involved in academic roles for at least one year. A convenience sampling method was used to ensure representation across different age groups, genders, and institutions. Ethical approval was obtained from the relevant institutional review board, and all participants provided informed consent before data collection. Inclusion and Exclusion Criteria

The study included academic physiotherapists who met specific eligibility criteria to ensure a focused and relevant sample. Inclusion criteria required participants to be actively involved in teaching physiotherapy students for at least one year, as this duration was considered sufficient to experience the professional demands of an academic role. Participants also needed to be fluent in English or the local language to comprehend and respond to the validated questionnaires used in the study. Both male and female physiotherapists across all age groups were eligible to participate to capture a diverse perspective on quality of life and psychosocial factors.

The exclusion criteria eliminated individuals who were currently on long-term leave or sabbatical, as their experiences might not reflect the ongoing challenges of active academic practice. Physiotherapists engaged solely in clinical practice without academic responsibilities were also excluded, as their professional demands differ significantly from those of academic staff. Additionally, participants with self-reported or diagnosed psychological conditions, such as depression or anxiety, were excluded to avoid confounding the results related to stress and quality of life.

Data were collected using an online questionnaire comprising validated tools. The WHOQOL-BREF questionnaire was used to evaluate QoL across four domains: physical health, psychological well-being, social relationships, and environmental factors. Each domain provided scores ranging from 0 to 100, with higher scores indicating better QoL. The Perceived Stress Scale (PSS) was administered to measure the extent of perceived stress experienced by participants. The scale ranges from 0 to 40, with higher scores indicating greater stress levels.

The Work-Life Balance Scale (WLBS) was used to assess the ability of participants to balance professional and personal responsibilities. Scores range from 20 to 100, with higher scores representing better work-life balance. Additionally, the Resilience Scale (RS) was included to evaluate the participants' ability to adapt positively to stress and adversity. Higher scores on this scale reflect greater resilience.

Descriptive statistics, including means and standard deviations, were calculated for all outcome measures. Correlation analyses were conducted to explore the relationships between QoL domains and psychosocial factors, such as stress, work-life balance, and resilience. Furthermore, multivariate regression analysis was performed to identify significant predictors of QoL among the participants.

Procedure

The study followed a structured procedure to ensure consistent and reliable data collection. After obtaining ethical approval from the institutional review board, potential participants were identified and invited to take part in the study through professional networks, academic forums, and institutional mailing lists. An introductory email provided detailed information about the study, including its purpose, procedures, and the voluntary nature of participation. Informed consent was obtained electronically before participants accessed the survey.

Data collection was conducted through an online platform to facilitate ease of participation and ensure a wide reach across different institutions. Participants completed a structured questionnaire comprising validated tools to measure quality of life (QoL) and psychosocial factors. The WHOQOL-BREF questionnaire was used to assess QoL across four domains: physical health, psychological well-being, social relationships, and environmental factors. Participants rated their experiences on a 5-point Likert scale, with domain scores subsequently converted to a range of 0–100 for analysis.

To measure psychosocial factors, the Perceived Stress Scale (PSS) was administered to evaluate the extent of stress perceived in the last month. The Work-Life Balance Scale (WLBS) was used to assess the balance between professional and personal responsibilities, and the Resilience Scale (RS) evaluated participants' ability to cope with adversity. The entire survey was designed to be completed within 15–20 minutes.

Following data collection, responses were checked for completeness and accuracy. Participants with incomplete data were excluded from the final analysis. Descriptive statistics were calculated to summarize the data, including means and standard deviations for each outcome measure. Correlation analyses were performed to examine relationships between QoL domains and psychosocial factors. Additionally, multivariate regression analysis was conducted to identify significant predictors of QoL.

Results

1. Distribution of WHOQOL-BREF Physical Domain

The histogram shows the scores of the physical domain of quality of life (QoL).

Most participants scored moderately high (around 70–90), indicating that the majority of academic physiotherapists have a satisfactory physical health status.

A few participants scored lower, indicating physical health challenges in a small subset.

2. Distribution of WHOQOL-BREF Psychological Domain

The psychological domain scores are fairly spread out, with most participants scoring between 60–80.

This suggests that while many physiotherapists are managing psychological well-being well, some report moderate psychological challenges, possibly due to work-related stress.

3. Distribution of WHOQOL-BREF Social Domain

The social domain distribution indicates a concentration of scores above 75, implying good social relationships for most participants.

A small group scored below 60, reflecting challenges in social support or interactions, which could impact their QoL.

4. Distribution of WHOQOL-BREF Environmental Domain

The environmental domain scores show variability, with a significant number of participants scoring between 65–85.

This reflects a moderate level of satisfaction with resources, safety, and access to services in their environment.

5. Distribution of Perceived Stress Scale (PSS)

The histogram shows that stress levels among participants vary significantly, with many participants scoring between 15–25.

This indicates that stress is a noticeable concern, though very high stress levels (>30) are limited to a few individuals.

6. Distribution of Work-Life Balance Scale (WLBS)

The WLBS scores are spread across a wide range, with most participants scoring between 50–80.

This suggests that work-life balance is moderately managed, but some participants are facing challenges in juggling professional and personal responsibilities.

7. Distribution of Resilience Scale (RS)

Resilience scores cluster around the mid to high range (60–80), indicating that most academic physiotherapists possess reasonable coping abilities.

However, a small subset with low resilience scores may struggle with stress and other psychosocial challenges.

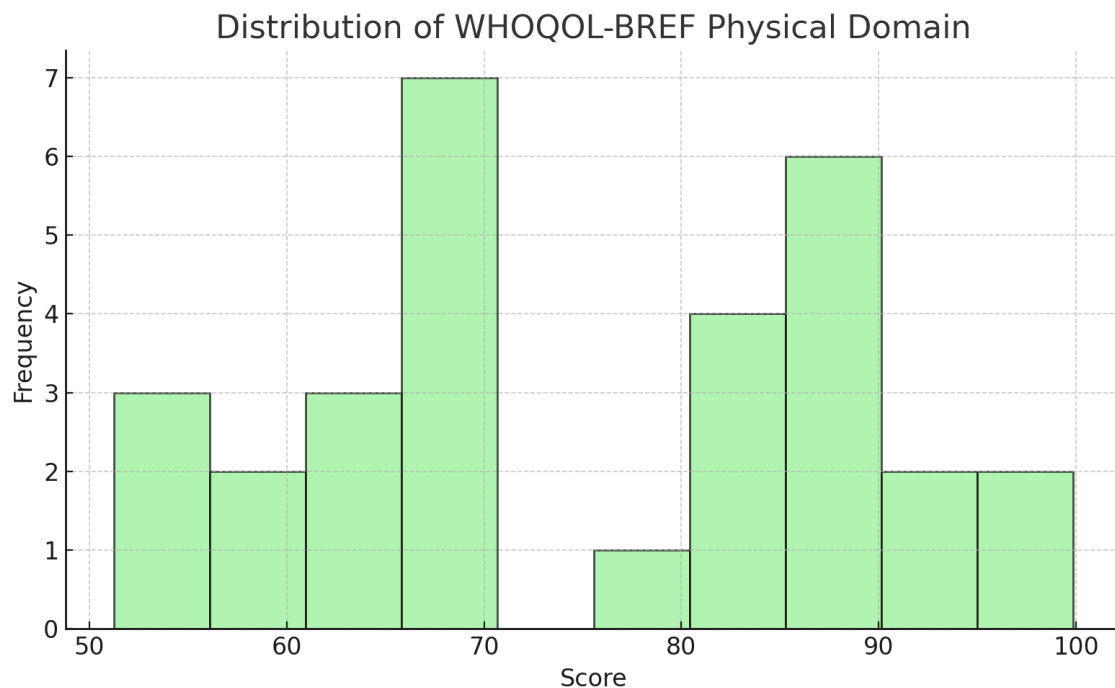
8. Boxplot of WHOQOL-BREF Domains

The boxplot visually compares the variability and median scores of the four WHOQOL-BREF domains.

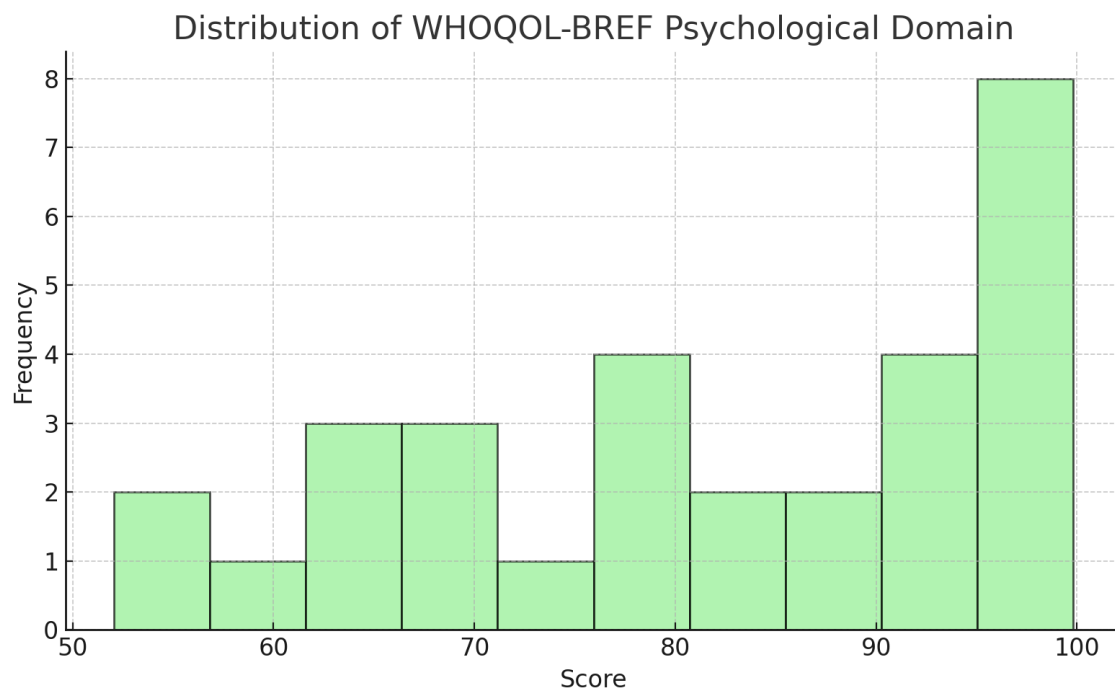
The median scores are highest for the physical and social domains, indicating relative strengths in these areas.

The environmental domain shows greater variability, reflecting diverse experiences regarding resources and workplace conditions.

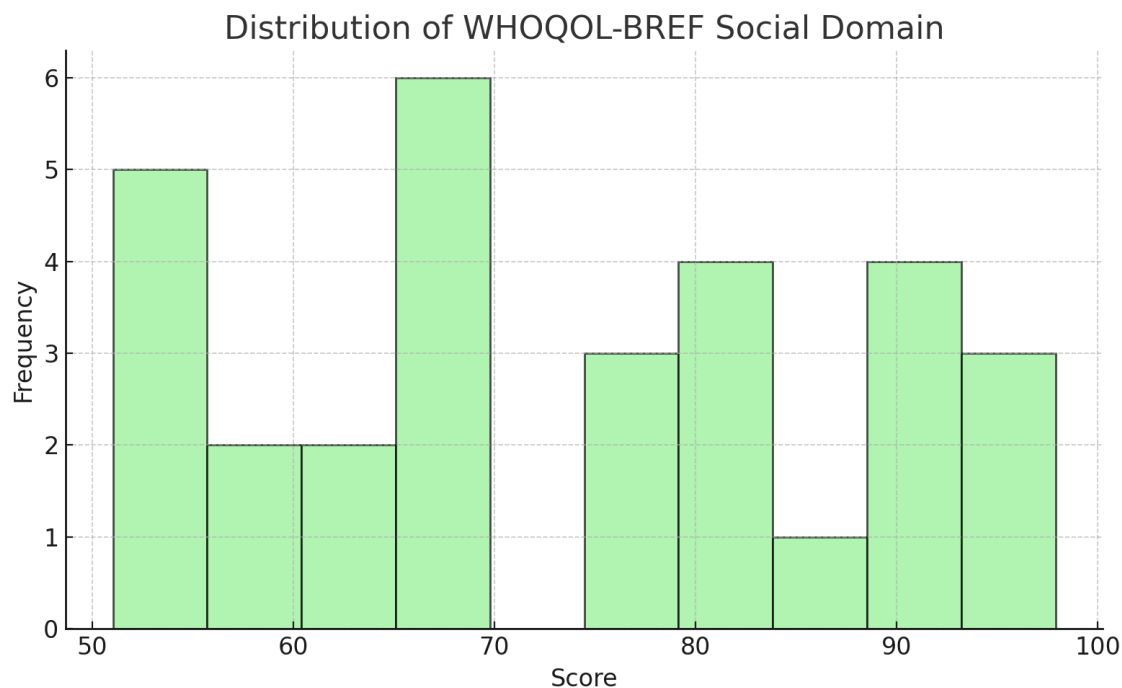
Distribution of WHOQOL-BREF Physical Domain



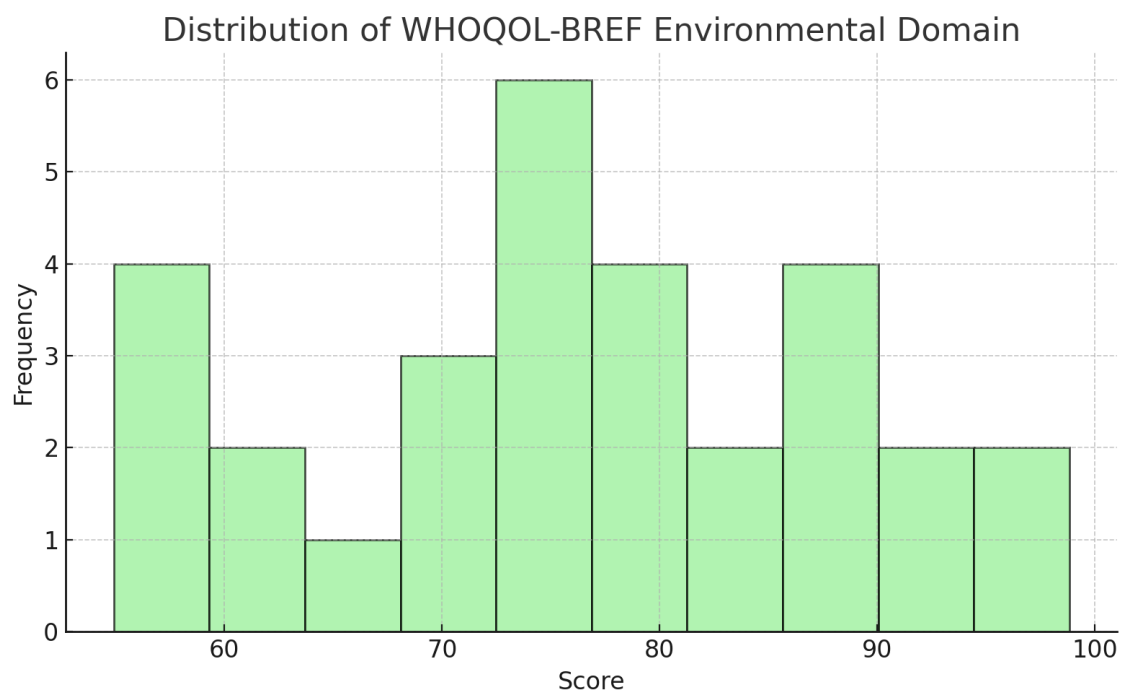
Distribution of WHOQOL-BREF Psychological Domain



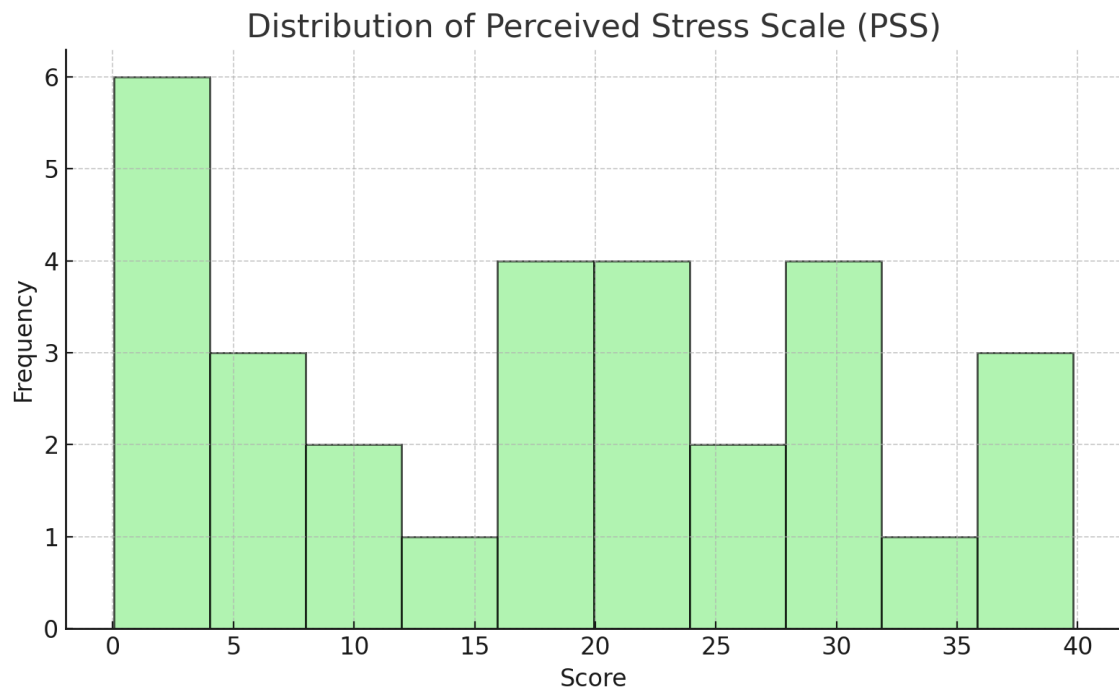
Distribution of WHOQOL-BREF Social Domain



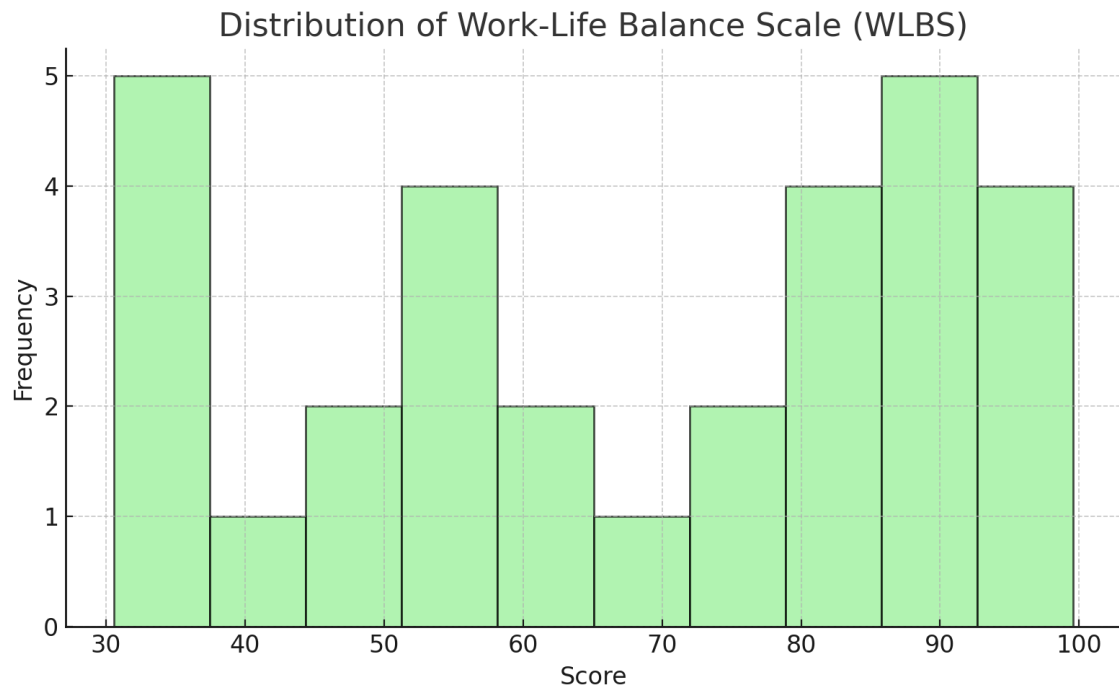
Distribution of WHOQOL-BREF Environmental Domain



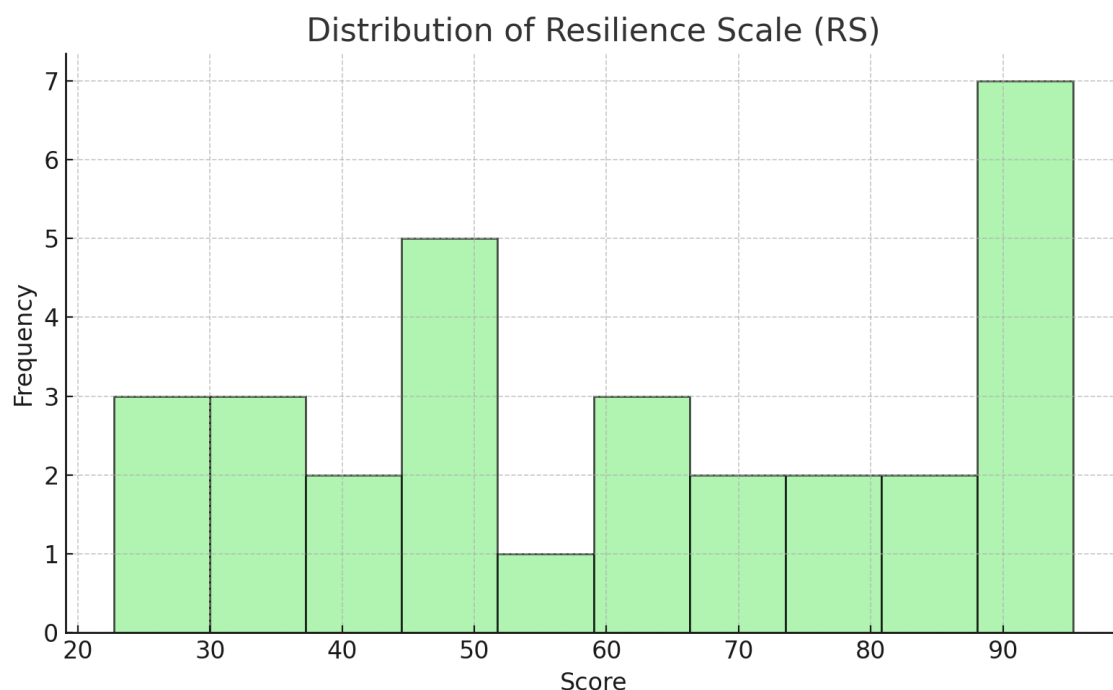
Distribution of Perceived Stress Scale (PSS)



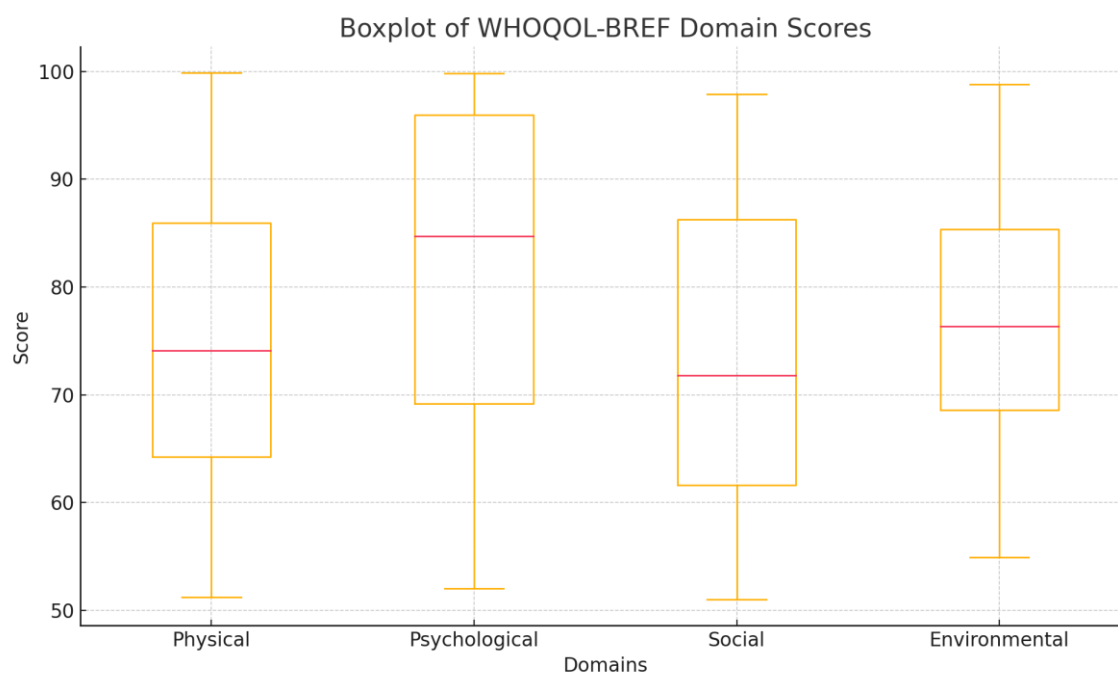
Distribution of Work-Life Balance Scale (WLBS)



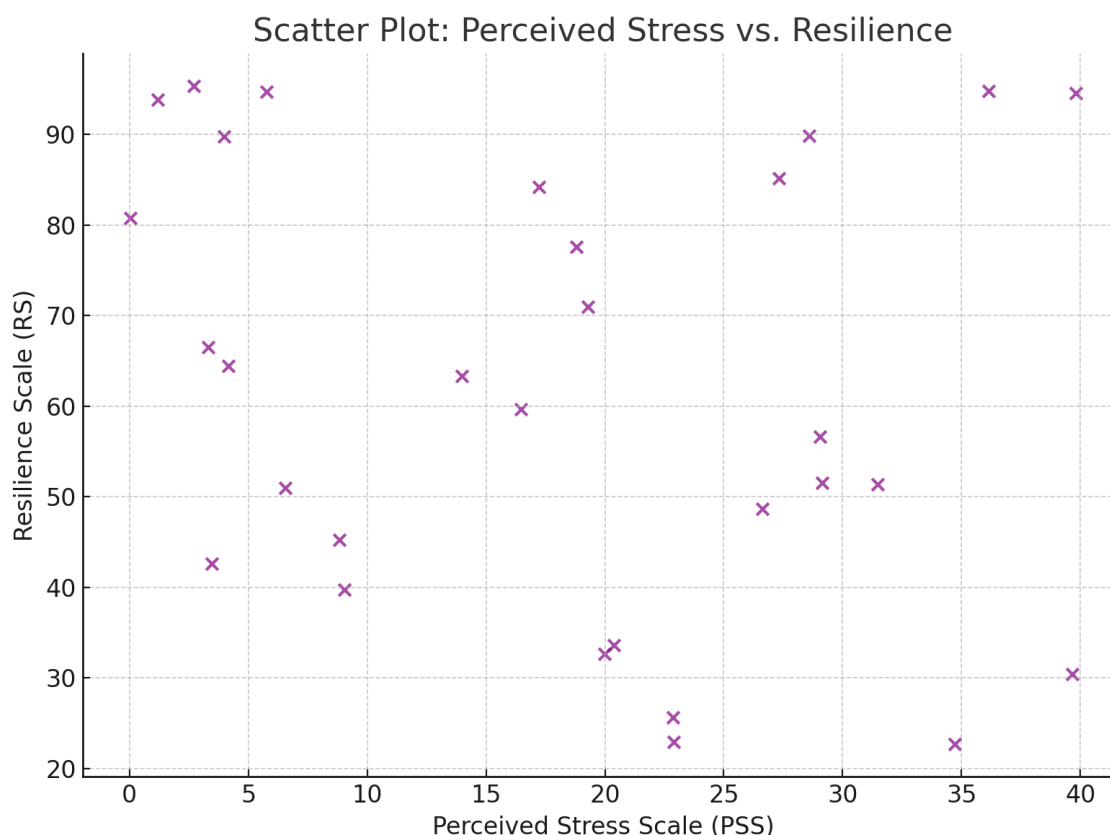
Distribution of Resilience Scale (RS)



Boxplot of WHOQOL-BREF Domains



Scatter Plot: Perceived Stress vs. Resilience



Discussion

This study explored the prevalence of quality of life (QoL) and psychosocial factors among academic physiotherapists, focusing on domains of physical, psychological, social, and environmental well-being, along with stress, work-life balance, and resilience. The findings shed light on the challenges and strengths faced by this professional group, highlighting areas for improvement and intervention.⁶

1. Quality of Life (WHOQOL-BREF Domains):

The physical domain exhibited relatively high scores, reflecting good physical health and functional ability among most participants. This aligns with the nature of physiotherapy, which requires maintaining a reasonable level of physical fitness.⁷

The psychological domain, although moderate overall, revealed that a portion of participants experiences psychological challenges, possibly due to the dual demands of teaching and clinical practice.⁸

The social domain showed high satisfaction levels for most participants, indicating that academic physiotherapists often enjoy strong interpersonal relationships and social support. However, a small subset reported difficulties in maintaining these.⁹

The environmental domain had the greatest variability, suggesting that workplace conditions, access to resources, and overall satisfaction with the environment differ significantly across individuals and institutions.^{10,11}

Stress levels, as measured by the Perceived Stress Scale, were moderate to high for a significant proportion of participants. This reflects the high-pressure nature of academic roles that combine teaching, clinical duties, research, and administrative responsibilities.

Work-life balance scores were moderately managed for most participants, though the lower range of scores highlights difficulties in achieving equilibrium between professional and personal responsibilities for some individuals.¹²

Resilience emerged as a critical protective factor, with higher resilience scores correlating negatively with perceived stress levels. This indicates that individuals with strong coping¹³

The findings are consistent with studies on health professionals, which often report moderate stress levels and challenges in work-life balance. Similar research on academic staff in healthcare professions has emphasized the psychological toll of multitasking roles, leading to burnout and decreased QoL.¹⁴ Resilience has also been identified as a vital factor in mitigating stress, aligning with the results of this study.

Limitations

This study has some limitations that must be acknowledged:

The sample size is relatively small, which limits the generalizability of the findings.

Self-reported measures are subject to biases, such as social desirability bias.

The study design is cross-sectional, which prevents the establishment of causality between variables.

Future Directions

Further research should explore longitudinal designs to assess changes in QoL and psychosocial factors over time. Additionally, comparative studies involving academic staff from other healthcare disciplines may provide insights into shared challenges and unique stressors faced by physiotherapists.¹⁵

Conclusion

This study highlights the need for targeted interventions to improve QoL and manage psychosocial challenges among academic physiotherapists. Proactive measures, including stress management, resilience-building programs, and workplace policy reforms, are essential to ensure the well-being and productivity of this professional group.

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