

PHYSICAL ACTIVITY, MUSCULOSKELETAL DISORDERS, BURNOUT,
AND JOB SATISFACTION AMONG CLINICAL AND ACADEMIC
PHYSIOTHERAPISTS: A CROSS-SECTIONAL STUDY

"PHYSICAL ACTIVITY, MUSCULOSKELETAL DISORDERS, BURNOUT, AND JOB
SATISFACTION IN PHYSICAL THERAPIST"

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Abstract

Background

Physiotherapists are exposed to a number of health problems as a result of the physical and psychological demands of their profession. Work-related musculoskeletal disorders, burnout and work dissatisfaction are common among physiotherapists and can affect professional well-being and performance. Moreover, the differences in the professional roles of clinical and academic physiotherapists may contribute to differences in levels of physical activity and occupational health outcomes. However, comparative evidence examining these factors simultaneously in different physiotherapy settings is still limited.

Methods

A cross-sectional survey was carried out from June 2025 to December 2025 among 130 physiotherapists working in both clinical and academic settings. Participants aged between 23 and 55 years with at least six months of professional experience were recruited using a non-probability convenience sampling. Data was collected using standardized and validated tools, including the International Physical Activity Questionnaire (IPAQ), the Nordic Musculoskeletal Questionnaire (NMQ), the Maslach Burnout Inventory (MBI) and the Job Satisfaction Survey (JSS). Independent t-tests was used to compare burnout rates across occupational groups, and chi-square tests were used to investigate the association between variables. Statistical analysis was performed

with SPSS version 27 with significance level set at < 0.05 .

Results

The mean age of the participants was 27.27 ± 3.75 years and 62.3% of them worked in clinical settings and 37.7% worked in academic settings. Musculoskeletal disorders were commonly reported, especially lower back (30.8%) and neck (29.2%), with no significant differences between occupational groups being observed ($p = 0.062$). Burnout scores indicated moderate levels of emotional exhaustion, depersonalization and personal achievement, with no statistically significant difference between physiotherapists in clinical and academic settings ($p < 0.05$). Physical activity levels differed significantly between the groups ($p = 0.001$), with higher levels of moderate and vigorous physical activity reported by clinical physiotherapists. Job satisfaction was also significantly related to the setting of the job ($p = 0.001$), with academic physiotherapists reporting a higher satisfaction level than clinical therapists.

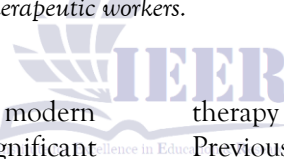
Conclusion

Physiotherapists face significant health problems related to musculoskeletal disorders and burnout, irrespective of the type of work. However, it appears that work-related roles influence levels of physical activity and job satisfaction. Clinical physiotherapists show a higher level of physical activity, while academic physiotherapists report higher job satisfaction. These findings highlight the importance of workplace strategies to improve the well-being of the work force, reduce musculoskeletal disorders and address occupational stress in physiotherapeutic workers.

INTRODUCTION

Physiotherapists are an essential part of modern health systems and make a significant contribution to the rehabilitation, functional recovery and prevention of disability in a wide range of populations. Their professional duties include patient assessment, manual therapy, prescribing of exercises and training to restore mobility and improve quality of life. Although these activities are essential for the care of patients, they also expose physiotherapists to various occupational risks which can compromise their physical and mental health. Increased attention is therefore being paid to understanding the health problems that physiotherapists face, in particular those related to musculoskeletal disorders, burnout and job satisfaction.

Work-related musculoskeletal disorders (WMSD) are among the most common occupational health problems reported in physiotherapists. These conditions are caused by repetitive physical tasks, prolonged or awkward positions, manual handling of the patient and the use of manual



therapy techniques in clinical practice(1). Previous studies have consistently reported a high prevalence of musculoskeletal symptoms among physiotherapists around the world(2, 3). A systematic review and meta-analysis reported that the overall prevalence of musculoskeletal disorders in physiotherapists is over 60 percent, with the most commonly affected anatomical regions being the back, neck and shoulder (3). Similarly, another recent cross-sectional study among rehabilitation workers found that physiotherapists often experience musculoskeletal problems as a result of repetitive manual labor and prolonged standing during therapy (4). Physiotherapists' physical health, work performance, absenteeism, and long-term career sustainability may all be affected by such occupational exposures.

Physiotherapists consistently report lower back pain as the most common musculoskeletal complaint. Depending on clinical specialization and workload intensity, lower back pain prevalence varied from 38% to nearly 70%,

according to a cross-sectional study of healthcare rehabilitation professionals (5). Sustained forward head posture and repetitive upper-limb activities related to manual therapy techniques are also common causes of neck and shoulder pain (6, 7). High patient loads, repetitive manual therapy interventions, and unsatisfactory ergonomic working conditions frequently exacerbate these musculoskeletal issues. Because of this, physiotherapists may use compensatory working methods, lessen their clinical workload, or even quit their jobs because of ongoing physical discomfort.

Physiotherapists face substantial psychological demands related to patient care and healthcare systems in addition to physical strain. As a result, burnout has become a significant occupational health issue for medical professionals, including physiotherapists. Burnout is a psychological condition brought on by unmanaged, ongoing work-related stress. It usually manifests as a diminished sense of personal achievement, depersonalization, and emotional exhaustion (8). A detached or cynical attitude toward patients is referred to as depersonalization, whereas emotional exhaustion reflects feelings of being emotionally overextended and depleted of energy. A diminished sense of competence and professional effectiveness is referred to as reduced personal accomplishment.

Recent research has highlighted the increasing prevalence of burnout among physiotherapists and other professionals in the field of rehabilitation(9). A systematic review and meta-analysis of burnout in physiotherapists reported that about 27 percent of physiotherapists experience a high level of emotional exhaustion and about 23 percent experience significant symptoms of depersonalization(10). In addition, studies conducted during and after the COVID-19 pandemic have shown that health workers, including physiotherapists, are under increased psychological stress as a result of increased workloads, uncertainty and organizational problems(11). Not only does burnout affect the mental health of healthcare professionals, it can also have a negative impact on patient care, job satisfaction and retention of staff.

Physical activity is another important factor affecting the physical and mental health of health professionals. Physical activity is defined as any movement of the muscles of the body resulting in energy expenditure and contributing to general health(12). Regular physical activity is associated with improved cardiovascular health, a reduced risk of chronic diseases and improved mental health(12). Evidence suggests that adequate physical activity can also act as a protective factor against work-related stress and burnout by improving resilience and emotional regulation (13).

However, different occupational roles and work environments may result in different levels of physical activity. Physiotherapists who work in clinical settings may be more physically active during working hours because they frequently perform physically taxing tasks like patient transfers, therapeutic exercises, and manual therapy interventions. Physiotherapists working in academic or educational settings, on the other hand, might encounter more sedentary work environments with extended periods of sitting, teaching duties, research projects, and administrative work. Sedentary work habits have been linked to lower levels of physical activity and a higher risk of musculoskeletal pain, especially in the lower back and neck (14). Physiotherapists' levels of physical activity and health outcomes may therefore be impacted by variations in their work environments.

Another important aspect of occupational wellbeing in the healthcare industry is job satisfaction. It describes how happy, driven, and content people are with their jobs and working environments. High job satisfaction is linked to better work output, increased dedication to one's career, and lower intentions to leave the healthcare industry (15). On the other hand, burnout, increased occupational stress, and lower patient care quality have all been connected to low job satisfaction. Workload, autonomy, opportunities for professional growth, workplace support, and work-life balance may all have an impact on physiotherapists' job satisfaction.

According to a number of studies, physiotherapists who work in clinical settings may be less satisfied with their jobs because of the demanding workloads, time constraints, and administrative duties involved in patient care(16). On the other hand, more flexibility, organized work schedules, and chances for professional growth and research may be advantageous for physiotherapists employed in academic environments. These variations in work settings may have an impact on physiotherapists' psychological health and job satisfaction. While burnout, job satisfaction, and musculoskeletal disorders have all been studied separately among physiotherapists in the past, few studies have looked at these variables concurrently within the same population. Furthermore, there aren't many studies that directly compare these results between physiotherapists employed in academic settings and those in clinical practice. It's critical to comprehend these variations since physiotherapists' occupational roles may have an impact on their physical and mental health. This study therefore aimed to assess the relationship between physical activity, musculoskeletal disorders, burnout and job satisfaction among physiotherapists working in the clinical and academic settings. By comparing these groups of professions, the study aims to provide an overview of how the various professional roles affect the well-being and occupational health of physiotherapists. These findings can help develop targeted workplace interventions to reduce musculoskeletal disorders, improve mental health and increase job satisfaction among physiotherapists.

METHODS

Study settings and design

This was an analytical cross-sectional study carried out from June 2025 December 2025. Physiotherapists employed in Pakistani clinical and academic settings participated in the study. A Google Forms-distributed online survey was used to collect data.

Participants Eligibility Criteria

Physiotherapists employed by academic institutions or in clinical practice were included in the study. Male and female physiotherapists between the ages of 23 and 55 who had at least a bachelor's degree in physical therapy and at least six months of professional work experience were eligible to participate. Both public and private healthcare and educational institutions were used to recruit participants. Physiotherapists who worked in dual settings (simultaneously both in academic and clinical settings), had a history of musculoskeletal or neuromuscular disorders, had been diagnosed with depression in the past, or had recently sustained injuries like fractures, dislocations, or trauma that could affect musculoskeletal symptoms were all excluded. The study did not include people who worked fewer than five hours a day.

Sampling

OpenEpi software was used to determine the sample size with a 95% confidence level. The necessary sample size of 130 participants was established based on the estimated prevalence of occupational health issues among physiotherapists reported in earlier studies. To find participants, a non-probability convenience sampling method was employed. Physiotherapists who agreed to participate and fulfilled the inclusion requirements were asked to fill out the online survey.

Data collection procedure

The study was first approved by Institutional Review Board and the Ethics Committee of Northwest General Hospital and Northwest Institute of Health Sciences with the Ethical Approval Ref # IRB&EC/2025-HIS/0266 The survey questionnaire was developed using Google Forms and shared online to the occupational network WhatsApp groups. Participants were first provided with information outlining the purpose of the study and asked to give their informed consent prior to filling in the questionnaire. The survey included demographic questions, followed by standardized questionnaires on physical activity,

musculoskeletal disorders, burnout and job satisfaction. Responses were collected anonymously to ensure the confidentiality of the participants.

Study Outcome Tools

International Physical Activity Questionnaire (IPAQ)

The International Physical Activity Questionnaire (IPAQ) was used to measure levels of physical activity. The IPAQ is a popular self-report tool used to gauge how often and for how long people have engaged in physical activity over the past seven days. Walking, moderate-intensity activities, and vigorous-intensity activities are all assessed on the questionnaire. Metabolic equivalent minutes per week (MET-minutes/week) are used to calculate total physical activity. Participants were divided into three categories based on standard scoring procedures: low, moderate, and high levels of physical activity. With reported Cronbach's alpha values above 0.80, the IPAQ has shown respectable validity and reliability in adult populations (12, 14).

Nordic Musculoskeletal Questionnaire (NMQ)

The Nordic Musculoskeletal Questionnaire (NMQ), a standardized tool frequently used in occupational health research to measure musculoskeletal discomfort across various body regions, was used to assess musculoskeletal symptoms. Nine anatomical regions; the neck, shoulders, elbows, wrists/hands, upper back, lower back, hips/thighs, knees, and ankles/feet are identified by the questionnaire as having pain or discomfort. In the preceding seven days, participants were asked if they had any musculoskeletal symptoms.

In studies assessing musculoskeletal disorders related to the workplace, the NMQ has shown strong validity and reliability (17)

Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI), regarded as the gold standard tool for assessing occupational burnout, was used to gauge burnout levels. Three aspects of burnout are assessed by

the MBI: depersonalization, personal achievement, and emotional exhaustion. Several items on the test are rated on a Likert scale from 0 (meaning "never") to 6 (meaning "every day"). While lower scores on personal accomplishment indicate higher levels of burnout, higher scores on emotional exhaustion and depersonalization indicate more severe burnout. In earlier research, the MBI showed strong psychometric qualities with reliability coefficients above 0.80 (8, 18).

Job Satisfaction Survey (JSS)

Job satisfaction was measured using the Job Satisfaction Survey (JSS), a validated questionnaire that includes multiple items rated on a Likert scale to produce a total score that categorizes participants into three levels of job satisfaction (dissatisfaction [36–108], ambivalent or neutral satisfaction [109–143], and satisfaction [144–216]); the JSS has shown acceptable reliability (Cronbach's alpha > 0.70) (15, 19).

Statistical analysis

The Statistical Package for the Social Sciences (SPSS) version 27 was used to analyze the data. Study variables and demographic characters were presented using descriptive statistics. To make interpretation easier, the results were displayed in tables and graphical formats. Categorical variables were displayed as frequencies and percentages; continuous variables were reported as mean and standard deviation. The burnout scores of physiotherapists employed in clinical and academic settings were compared using independent sample t-tests. Chi-square tests were employed to investigate relationships between the working environment and categorical variables, such as job satisfaction categories, physical activity levels, and musculoskeletal symptoms. A p-value of ≤ 0.05 was used to determine statistical significance.

RESULTS

Participant characteristics

The study included 130 physiotherapists in total. The participants' average age was 27.27 ± 3.75 years. There were 59 (45.4%) female respondents and 71 (54.6%) male respondents. In terms of

educational background, 60 participants (46.2%) had a master's degree, 63 participants (48.5%) had a bachelor's degree, and 4 participants (3.1%) were rewarded with PhD. Regarding occupational

setting, 49 physiotherapists (37.7%) worked in academic institutions, while 81 physiotherapists (62.3%) were employed in clinical practice.

Table 1 Demographic characteristics of the participants (n = 130)

Variable	Category	Frequency n (%)
Age (years)	Mean ± SD	27.27 ± 3.75
Gender	Male	71 (54.6%)
	Female	59 (45.4%)
Educational level	Bachelor (DPT)	63 (48.5%)
	Master (MS)	60 (46.2%)
	PhD	4 (3.1%)
Working area	Clinical	81 (62.3%)
	Academic	49 (37.7%)

Burnout levels among physiotherapists

Participants had moderate levels of burnout, as evidenced by the mean scores for emotional exhaustion (17.27 ± 12.57), depersonalization (14.10 ± 12.30), and personal accomplishment (29.68 ± 11.12). Clinical and academic physiotherapists' levels of burnout were compared using an independent sample t-test. Compared to academic physiotherapists (15.02 ± 12.38), clinical physiotherapists reported slightly higher emotional exhaustion scores (18.63 ± 12.57);

however, this difference was not statistically significant (p = 0.11). Similarly, clinical physiotherapists scored higher on depersonalization (15.65 ± 12.57) than academic physiotherapists (11.53 ± 11.51), but the difference was not statistically significant (p = 0.06). Additionally, there was no statistically significant difference in personal accomplishment scores between academic and clinical physiotherapy (30.43 ± 11.71).

Table 2 Comparison of burnout scores between clinical and academic physiotherapists

Burnout dimension	Clinical (n=81) Mean ± SD	Academic (n=49) Mean ± SD	p-value
Emotional exhaustion	18.63 ± 12.57	15.02 ± 12.38	0.11
Depersonalization	15.65 ± 12.57	11.53 ± 11.51	0.06
Personal accomplishment	30.43 ± 11.71	28.43 ± 10.06	0.32

Physical activity levels

Among all participants, 49 (37.7) reported low physical activity, 59 (45.4) moderate physical activity and 22 (16.9) showed high levels of physical activity. A statistically significant association between the work environment and the level of physical activity was observed (χ² test, p=0.001), with higher rates of moderate and

vigorous physical activity being reported by clinical staff (Figure 1). In particular, 50 clinical physiotherapists (38.5) reported moderate physical activity, while 21 (16.2) reported high levels of physical activity. Conversely, 30 percent of academic physiotherapists reported low levels of physical activity.

Table 4 Association between working environment and physical activity levels

Category	Low n (%)	Moderate n (%)	High n (%)	p-value
Academic	39 (30.0%)	9 (6.9%)	1 (0.8%)	0.001
Clinical	10 (7.7%)	50 (38.5%)	21 (16.2%)	
Total	49 (37.7%)	59 (45.4)	22 (16.9%)	

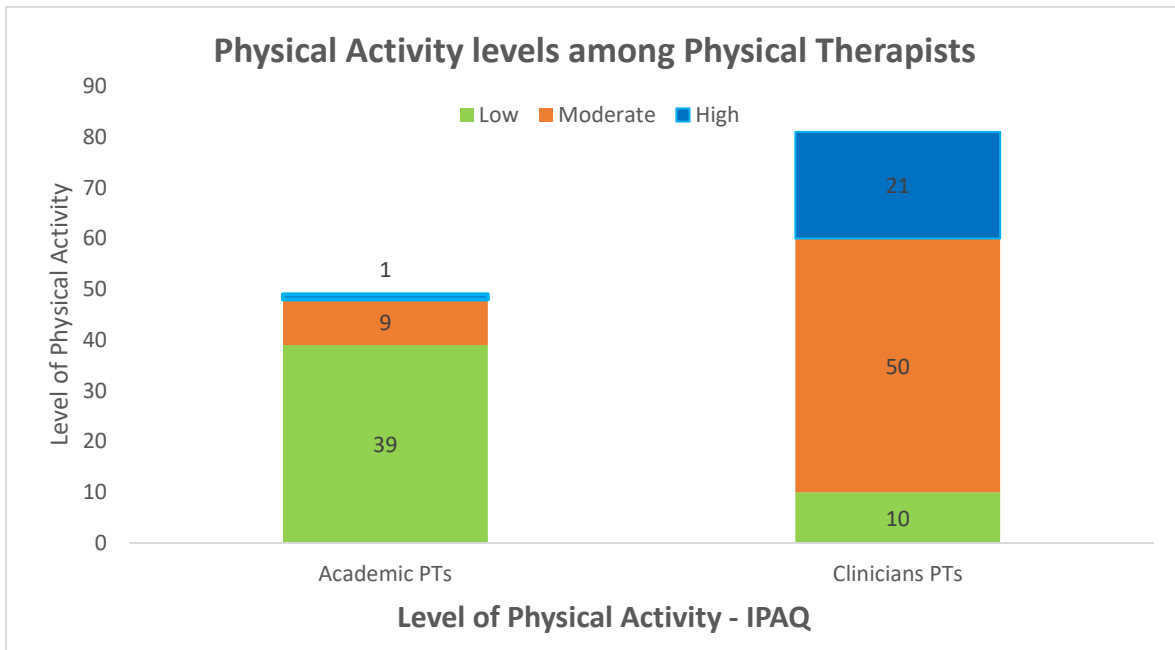


Figure 1. Physical activity levels among clinical and academic physiotherapists based on IPAQ categories.

Musculoskeletal symptoms

Overall, a significant percentage of participants reported experiencing musculoskeletal discomfort. Low back pain (30.8%) and neck pain (29.2%) were the most commonly reported symptoms over the preceding seven days, followed by upper back pain (10.0%) and

shoulder pain (6.2%). The relationship between the working environment and musculoskeletal symptoms was investigated using chi-square analysis. There was no significant difference in the distribution of musculoskeletal symptoms between academic and clinical physiotherapists (χ^2 test, $p = 0.062$).

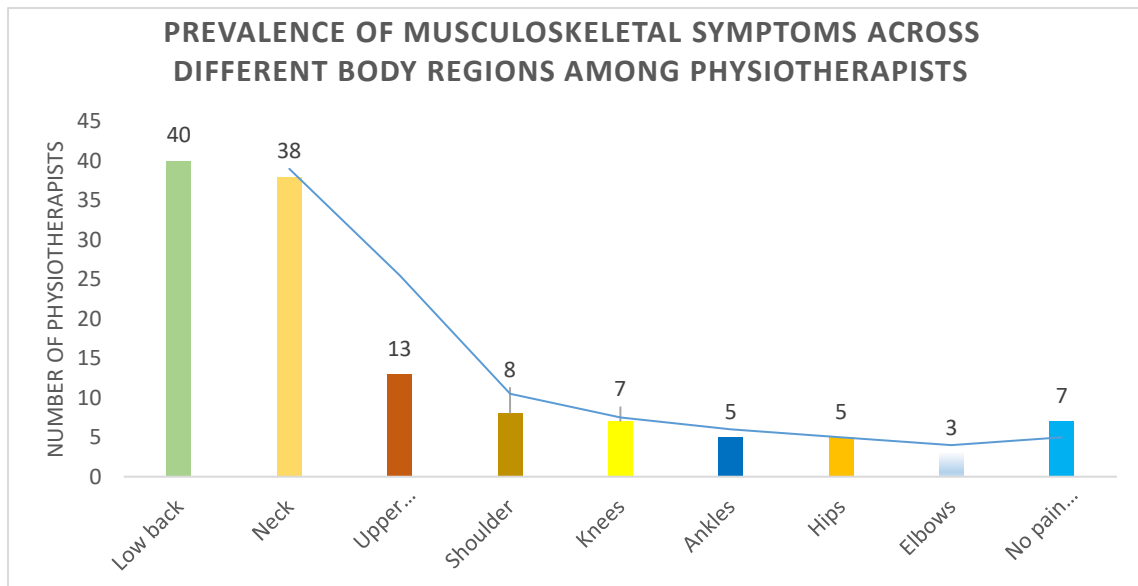


Figure 2. Prevalence of musculoskeletal symptoms across different body regions among physiotherapists

Job satisfaction

Of the participants, 27 physiotherapists (20.8%) expressed dissatisfaction with their jobs, 52 (40.0%) expressed neutral or ambivalent satisfaction, and 51 (39.2%) expressed job satisfaction. Occupational setting and job satisfaction were found to be significantly correlated (χ^2 test, $p = 0.001$). When compared to

clinical physiotherapists, academic physiotherapists expressed greater levels of job satisfaction. In particular, 23 clinical physiotherapists (17.7%) expressed dissatisfaction with their work, while 39 academic physiotherapists (30.0%) expressed satisfaction (Figure 3).

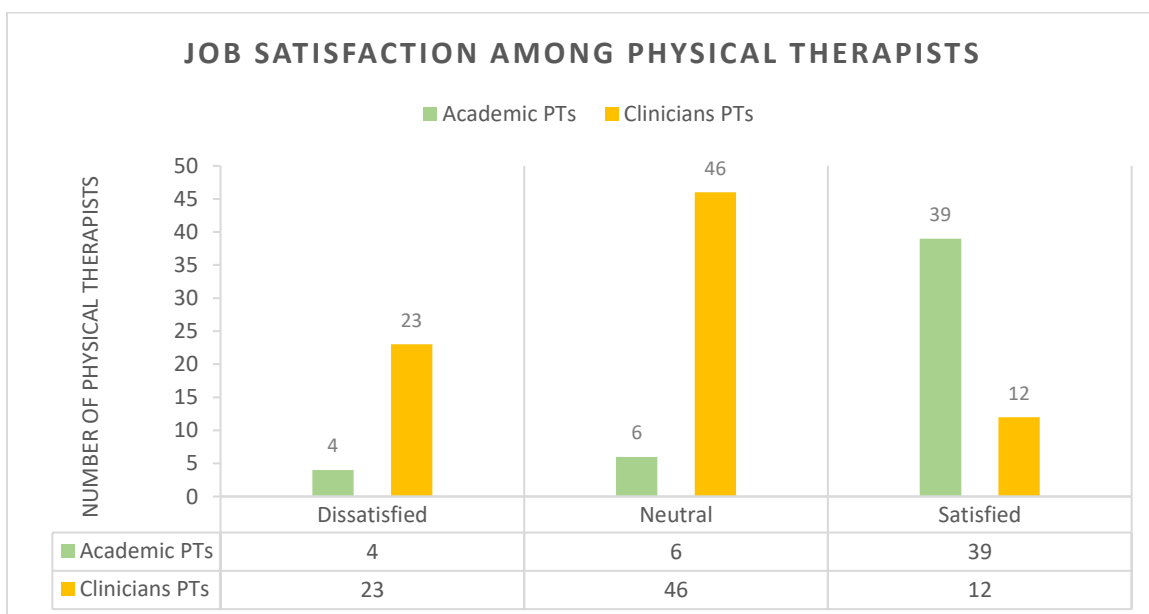


Figure 3. Distribution of job satisfaction levels among clinical and academic physiotherapists based on Job Satisfaction Survey (JSS) categories.

DISCUSSION

The relationship between physical activity, musculoskeletal disorders, burnout, and job satisfaction among physiotherapists employed in academic and clinical settings was investigated in this study. The results show that physiotherapists have a high prevalence of musculoskeletal discomfort and moderate levels of burnout, while clinical and academic professionals differ significantly in their levels of physical activity and job satisfaction. These findings shed light on how physiotherapists' occupational roles affect their physical and mental health.

Physiotherapists had moderate levels of burnout, according to the current study, and there were no statistically significant differences between academic and clinical professionals in any of the three Maslach Burnout Inventory dimensions. Clinical physiotherapists showed somewhat higher depersonalization and emotional exhaustion scores, but these differences were not statistically significant. This implies that factors other than physical workload, such as organizational stressors, workload pressure, and emotional demands related to healthcare professions, may have an impact on burnout. These results are in line with recent systematic reviews that found a moderate prevalence of burnout among physiotherapists across the globe. Venturini et al. revealed that burnout is still a common occupational problem in rehabilitation professions, with about 27% of physiotherapists experiencing high emotional exhaustion and about 23% experiencing depersonalization symptoms (10). Similar to this, a systematic review of occupational burnout among allied health professionals found that physiotherapists often suffer from emotional exhaustion as a result of high patient demands, administrative workloads, and scarce workplace resources (20). It's interesting to note that there was no discernible difference between clinical and academic physiotherapists in this study, indicating that psychological stressors like teaching duties, research pressure, and administrative workload may also affect academic professionals. According to earlier studies, organizational structures, workload imbalance,

and a lack of support at work can all contribute to occupational burnout in the healthcare industry rather than just physical demands (21, 22).

Lower back and neck pain were the most commonly reported symptoms of musculoskeletal discomfort among study participants. Regarding musculoskeletal symptoms, the study did not discover a statistically significant difference between academic and clinical physiotherapists. These results are consistent with previous research showing that musculoskeletal conditions are very common among physiotherapists worldwide. More than 60% of physiotherapists worldwide suffer from work-related musculoskeletal disorders, with the lumbar spine, neck, and shoulders being the most commonly affected anatomical regions, according to a recent systematic review and meta-analysis (3). The high frequency of lower back pain found in this study is in line with earlier studies that indicate the lumbar spine is subjected to significant mechanical strain from manual therapy methods, patient handling, and extended standing during treatment sessions (6). Different but similar occupational exposures could account for the lack of a statistically significant difference between clinical and academic physiotherapists. Academic physiotherapists may encounter prolonged sitting, computer use, and static postures during teaching and research activities, whereas clinical physiotherapists deal with repetitive physical tasks like patient transfers and manual therapy. Long-term sedentary postures have been linked to increased neck and back pain, according to prior ergonomic research, especially among professionals who work at desks (23).

The substantial difference in physical activity levels between clinical and academic physiotherapists was one of the study's main conclusions. When compared to their academic counterparts, clinical physiotherapists showed greater levels of physical activity. The nature of clinical physiotherapy practice, which includes active patient handling, therapeutic exercises, and manual treatment techniques that necessitate physical movement throughout the workday, is

consistent with this finding. Healthcare workers who work in physically demanding clinical settings typically have higher levels of occupational physical activity than people who work in administrative or academic roles, according to prior research (14). However, increased occupational physical activity does not always result in better musculoskeletal health because heavy workloads and repetitive manual tasks can raise the risk of overuse injuries (24). On the other hand, physiotherapists who work in academic settings might have more sedentary work habits, such as sitting for extended periods of time during lectures, research, and administrative duties. Sedentary behavior has been linked to a higher risk of metabolic health issues and musculoskeletal discomfort, especially when coupled with inadequate recreational physical activity (12).

Significant variations in job satisfaction between academic and clinical physiotherapists were also found in this study. When compared to those who work in clinical practice, academic physiotherapists reported much higher levels of job satisfaction. The two occupational settings differ in terms of work environment, workload structure, and professional autonomy, which could account for this finding. Clinical physiotherapists frequently deal with time constraints, heavy patient volumes, and taxing workloads related to providing healthcare services (9). Reduced job satisfaction and increased occupational stress could be caused by these factors. According to earlier research, healthcare workers in high-stress clinical settings often have lower job satisfaction because of their heavy workload, scarce resources, and administrative burden (16). Physiotherapists employed by academic institutions, on the other hand, might profit from more regimented schedules, increased professional independence, and chances for professional growth and research. When compared to clinical practice, academic positions may also offer more flexibility and less physical strain. Academic physiotherapists may be more satisfied with their jobs as a result of these factors. Previous studies comparing occupational stress among clinical and

non-clinical healthcare professionals have reported similar results (25).

The study's conclusions demonstrate the complexity of physiotherapists' occupational wellbeing. Professionals in both clinical and academic settings face work-related difficulties that may have an impact on their mental and physical well-being. Academic physiotherapists may have more sedentary work habits and a higher cognitive workload than clinical physiotherapists. These findings highlight the necessity of workplace initiatives targeted at enhancing occupational health in the field of physical therapy. The risk of musculoskeletal disorders and burnout among physiotherapists may be decreased by ergonomic training, workload management techniques, and programs that encourage physical activity and stress management. Organizational policies that support professional development and work-life balance may also improve job satisfaction and lessen occupational stress. Overall, by comparing clinical and academic professionals, this study adds to the expanding corpus of research on occupational health among physiotherapists. Targeted strategies aimed at enhancing the long-term sustainability and well-being of the physiotherapy workforce may benefit from an understanding of the various occupational exposures encountered by these groups.

STRENGTHS AND LIMITATIONS

This study has a number of advantages that advance physiotherapists' knowledge of occupational health. First, the study looked at a number of aspects of professional wellbeing at once, such as job satisfaction, burnout, musculoskeletal disorders, and physical activity. Since the majority of earlier research has concentrated on a single outcome, analyzing these variables collectively offers a more thorough understanding of occupational health among physiotherapists. Second, the study included both academic and clinical physiotherapists, enabling a direct comparison between two different professional settings with significantly different work structures and physical demands. This comparative method offers insightful information

about the potential effects of occupational roles on the physical and mental health of physiotherapists.

The study's use of widely recognized and validated measurement tools, such as the Job Satisfaction Survey (JSS), Maslach Burnout Inventory (MBI), Nordic Musculoskeletal Questionnaire (NMQ), and International Physical Activity Questionnaire (IPAQ), is another strength. These instruments are frequently used in occupational health studies involving healthcare professionals and have shown acceptable validity and reliability in prior research. The reliability and comparability of the results with other international studies are enhanced by the use of standardized instruments. However, when interpreting the results, a number of limitations should also be taken into account.

First, the study's cross-sectional design makes it more difficult to determine the causes of burnout, job satisfaction, musculoskeletal disorders, and physical activity. While cross-sectional studies are capable of identifying associations, they are unable to establish cause-and-effect mechanisms or temporal relationships. To gain a deeper understanding of the causal relationships between occupational exposures and health outcomes among physiotherapists, longitudinal studies would be necessary. Second, self-reported questionnaires were used for data collection, which could introduce recall or response bias. Participants may either overreport or underreport symptoms associated with physical activity, burnout, or musculoskeletal pain. Self-reported data are inherently subjective, despite the fact that the instruments used in this study have received extensive validation. Third, the study used a non-probability convenience sampling technique, which might restrict how broadly the results can be applied. Selection bias may have been introduced because participants were chosen by voluntarily answering an online survey. It's possible that physiotherapists with occupational health issues were more inclined to take part in the study. Lastly, the study only looked at physiotherapists; other medical professionals who might face comparable

occupational health issues were not included. Multidisciplinary healthcare professionals could be included in future studies to offer a more comprehensive view of occupational wellbeing in healthcare systems.

Notwithstanding these drawbacks, the results offer insightful information about occupational health problems among physiotherapists and emphasize the necessity of focused workplace interventions to support professional wellbeing.

CONCLUSION

The physical activity, musculoskeletal disorders, burnout, and job satisfaction of physiotherapists employed in academic and clinical settings are compared in this study. Regardless of their line of work, the results show that physiotherapists frequently experience musculoskeletal pain, especially in the neck and lower back. Participants also showed moderate levels of burnout, indicating that occupational stress related to their professional roles affects both academic and clinical physiotherapists. The two groups' levels of physical activity and job satisfaction differed significantly. Higher levels of physical activity were shown by clinical physiotherapists, which is probably due to the physically taxing nature of patient care tasks. Physiotherapists employed in academic settings, on the other hand, expressed noticeably higher levels of job satisfaction, possibly as a result of more organized work schedules, less physical strain, and increased professional autonomy. These results demonstrate how complex and multifaceted physiotherapists' occupational wellbeing is. Professional health outcomes are influenced by both psychological and physical factors, and work environments are crucial in determining these experiences. Physiotherapists' job satisfaction may be increased while the risk of musculoskeletal disorders and burnout is decreased by implementing strategies that improve ergonomic working conditions, encourage physical activity, and address workplace stressors.

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