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Work- Related Stress In Physiotherapists In Jaipur

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Abstract

Background: The experience of job stress and burnout in physiotherapy has received only scant attention in the literature. A few studies have been done on physiotherapists, but we do not have any data that would give an insight on the stress the Physiotherapist experience, in the Indian context.
This study aims to develop a valid and reliable questionnaire and assess the work-related stress. A need was felt to develop a questionnaire specific to the working environment of our region, which would assess the patterns of stress that our physiotherapists might be undergoing.

Research design: Methodological research design.

Methods: 7 domains with 74 questions were generated from the thorough review of literature, previous questionnaires and semi structured interview of physiotherapists as focused group. Item reduction method and the content validity ratio method was used to establish content validity, the questionnaire was developed with 7 domains with 32 questions. Test- retest reliability was established, and then the survey was done on 52 physiotherapists working across Jaipur.

Conclusion: 'Work-related Stress among Physiotherapists in Jaipur.' is a valid and reliable tool for assessing the work stress among physiotherapists. It is a self rated questionnaire and is the first of its kind, which would directly assess the patterns of work-related stress that the physiotherapists experience. The questionnaire was then used in a survey as a part of the research on Physiotherapists working in Jaipur. The scoring results showed that work related stress ranged from a minimum of 43 to a maximum of 149 score.

INTRODUCTION
Stress is defined as "the adverse reaction people have to excessive pressure or other types of demands placed on them. [1]

In general, stress is related to both external and internal factors. External factors include major life changes, work, relationship difficulties, financial problems, being too busy, including your job, your relationships with others, your home, and all the situations, challenges, difficulties, and expectations you're confronted with daily. Internal factors which influence our ability to handle stress include our nutritional status, inability to accept uncertainty, pessimism-Negative self-talk, unrealistic expectations, perfectionism, fitness levels, emotional well-being, and the amount of sleep and rest we got. [2]

The experience of job stress and burnout in physiotherapy has received only scant attention in the literature, although Physiotherapist share several important characteristics with other health care professionals that leave them vulnerable to the experience of stress. There are several indicators which confirm that job stress is an issue for physiotherapists, although some of the empirical data suggest that, on average, this physio group experience less burnout than other human service professionals. [3]

Bailey found stress to be one of the top five reasons for leaving the physiotherapy profession. [4]

Daily News Agency (DNA) published one article titled "Survey finds 57% rise in work-related stress in India" by Deepa Suryanarayan published on Nov 30, 2009, it was stated that Employees of as many as 58% companies, which participated in a global survey, said they had experienced a drastic rise in work-related stress over the last two years, which, in turn, affected their performance. Workers in the healthcare and pharmaceutical industries reported the maximum rise, "The main cause of stress today is the insecurity of losing jobs," [5]

In India there is a lack of research in the area of work related stress and the factors which are causing it, there is a need to find out what amount of work related stress Physiotherapist faces those who are working in profession.

To understand the basic pattern of work-related stress and the amount of stress an individual goes through there is no specific instrument for 'Physio Therapist', to assess their work-related stress.

So a need arises to develop an instrument/questionnaire to assess "Work related stress among Physiotherapist working in India''.

Hence aim and objective of this study were to develop a questionnaire to assess the work-related stress among Physiotherapist in Jaipur, to know if there is any work-related stress in Physiotherapist working in different practice area of profession and to understand the patterns of work-related stress among Physiotherapist, in Jaipur.

METHODOLOGY
Research design
Methodological research design
Phase 1 – Development of the Questionnaire
Review of literature
A thorough review of literature was done to collect the information about the causes of work related to stress and the amount of stress in physiotherapy professionals. Articles were reviewed to collect the subjective findings which could cause work related stress in Physiotherapist.

Focused group interview
To construct the questionnaire, interviews with working Physiotherapist were carried out to know the basic sources of stress, what kind of stresses they go through, related to the work and in professional aspect.

Identification of domain of content
The major domains were then identified because of observing the work area, the organizational overview, review of literature and interviews conducted with physiotherapists.

Item Generation

Items were generated via.
- Discussions with expert panel
-Through review of previous questionnaires
- Reviews of previous studies to find out the domain levels, and
- Interviews.

Viewing this, it was kept in mind that the questionnaire should cover all the aspects relevant to work stress among Physiotherapist. Thus, the seven domains were developed, which were carrying majority of the work stress questions which the Physiotherapist faces or could face in the professional stage of his/her life span.

Questionnaire construction and Face Validation

The scale was chosen to be an ordinal kind of Likert scale (frequency type). The individuals with the most favorable attitude would have the highest scores while individuals with the least favorable attitude would have the lowest scores.

In the initial stages of the study, '61' questions were selected under '6' domains which were related to- 'your job', 'role in the organization', 'relationships at work', 'organizational structure and climate', 'professional development', 'homework interference'. The questionnaire was given to '10' expert panel members that included '1' clinical psychologist and '9' working Physiotherapist. Modifications regarding the grammatical mistakes, repetitions of the questions, placement of questions in correct domain and change in the language of the questions were suggested by the expert members.

Another suggestion that was then given by the panel was the addition of one more domain in the questionnaire 'stress related to client/ therapy'. '15' more questions were added in this seventh domain of the questionnaire. The final questionnaire then consisted of '74' questions in '7' domains. It was then again presented to the expert committee members for the third time for their feedbacks.

Finally, the questionnaire consisting of '74' items, was given to the same expert panel and the Face Validity was established.

Phase 2- Item Reduction

After the establishment of face validity, 'Item reduction method' was used, as given by Juniper and Guyatt. [6]

After following the procedure of the item reduction phase 14 questions were deleted from the questionnaire out of the initial '74'. Final questionnaire then consisted of '60' questions and the questionnaire were then ready for the next step to be followed.

Development of the 'Directions' of the questionnaire

Specific, relevant, and clear directions were formed for the scale to facilitate easy understanding.
Also, the directions were arranged systematically to reduce the chance of errors by the respondents.

Scoring of the Questionnaire

Scoring system was developed for obtaining scores for a full scale. Likert scale (frequency type) was used for scoring pattern. Frequencies '0= Not applicable', '1= Never', '2= Rarely', '3= Sometimes', '4= Often' and '5= Always' were used to assess the level of stress. The total score of the scale was 160 maximum and 0 minimum. Higher the scores, greater was the work-related stress in the physiotherapists.

Phase 3- Pilot Study

After the finalization of the questionnaire with final scoring, directions and the questions under different domains, pilot study was conducted on 10 working Physiotherapist to assess the questionnaire to find out stress in physiotherapists.

After completion of the questionnaires, participants did not have any query, or problem regarding the language, instructions, domains, and question under each domain. The scoring of the questionnaire was also assessed by the 10 physiotherapists, and it took about 15-20 minutes for completion of the questionnaire.

Phase 4- Content Validity

- Content validity refers to the extent to which an instrument reflects the specific intended content. McKenzie and colleagues [7]

'10' experts, other than those in the face validity/ item reduction (Phase 1), were chosen as a member of the expert panel (Physiotherapist) for establishment of the Content Validity Ratio (CVR). [8]

The content validity for the '60' itemed questionnaire was conducted, taking into account, the language of the items, sequence of the items, directions given in the scale and the method of administration of the scale.

Qualitative Assessment of scale by experts/ panelists

The 10 content jurors were requested to provide their feedback on the overall scale, directions of the scale, scoring of the scale and 60 items of the scale. Jurors were explained to delete the theoretically incorrect items/questions from the questionnaire, or to suggest any modifications in the questionnaire, in order to ensure that the items in the scale demonstrated content adequacy. All experts' comments were reviewed, and changes were made to improve the quality of the scale.

For computing content validity quantitatively, Content Validity Ratio (CVR) was calculated. On analysis, out of 60 items, 32 items were considered significant according to the ratings given by experts and hence 28 items had to be dropped out because of low content validity ratio. The items with low CVR were deleted. The rest of the 32 items were found to be appropriate and were having sufficient to excellent CVR. (Table 1)

Phase 5- Reliability Phase

After establishing the content validity, the next level for the study was to establish Test-retest reliability of the scale. The questionnaire was given to a panel of 10 working Physiotherapist to establish the reliability (Test- Retest) of the questionnaire. It was re-administered after a period of one week. The Intra class correlation coefficient was calculated for establishing the test-retest reliability. [9]

Phase 6- Survey

52 Physiotherapist were selected including both males and females. Participants were recruited from various hospitals, colleges, clinics, schools, and special schools of Jaipur region. Sample fulfilling the following selection criteria were purposively sampled.

Inclusion Criteria includes- qualified Physiotherapist and Physiotherapists who were working in Jaipur. Exclusion Criteria was Non-Working Physiotherapist with withdrawal Criteria was withdrawal of consent to participate in the study.

Procedure for data collection

The participants were explained about the objective of the study and their consent for participation was obtained. Participants were asked for demographic details including 'age', 'contact number', 'job designation', 'department', 'education qualifications', 'work experience', 'employment information',

'income level', 'current area of practice setting'. It was told to the participants that the scale was a self-administered questionnaire.

After obtaining their consent, and as per their convenience, the questionnaires were given through 'email', or via 'post' for data collection.

Data analysis and statistics
The statistics used to analyze the data and the result. Statistical package for Social Sciences (SPSS) for windows version 17 was used for data analysis.

Phase 1 Content validity of 'Work Related Stress among Physiotherapist in Jaipur" Questionnaire

As mentioned in methodology, the questionnaire was developed through several phases- 'Development of the scale', 'Face validity' and 'Item reduction' after following these phases; the questionnaire consisted of '60' questions under '7' domains. Then the next phase of the study 'Content validity phase' was followed.

Phase- 2 Test- Retest Reliability
"Work related Stress among Physiotherapist in Jaipur" questionnaire was given to a panel of 10 working Physiotherapist to establish the reliability (Test- Retest) of the questionnaire. It was re-administered after a period of one week. The Intra class correlation coefficient was calculated for establishing the test-retest reliability. The Intra Class Correlation Coefficient (ICC) for the single measure of the questionnaire was found to be 0.9911 and for the average measure it was found to be 0.9955; both the findings were with 95% confidence interval. The ICC obtained was high for establishing the test-retest reliability. [9]

Phase- 3
After establishment of the 'test-retest reliability', we entered the next phase of the study- The 'Survey phase' in which the questionnaire was administered on 'Physiotherapist' in Jaipur. Details of the participants were entered in a spreadsheet and data analysis was done through SPSS software.

Demographic details
The total number of subjects who participated in the study were 52 (including both 'males' and 'females'), in the age range of 23-60; taken from multiple sources. The minimum and maximum work experience of participants was 1 month and 37 years 6 months respectively. The minimum score obtained was 43 and maximum score obtained was 149.

The normal distribution is a continuous probability distribution that has a bell-shaped probability density function [10]; also it can be identified where standard deviation values are one third of the mean value [11].

The results suggested that the variables 'Age 1' and 'Score' were normally distributed. The variable 'Work Experience 1' was not found to be normally distributed; non parametric tests were applicable on the data.

Phase- 4 Comparison of different Variables by using One Way ANOVA and Independent sample T-test
Comparison of the scores was done using **One way ANOVA** to compare scores in three age groups (20-30), (30.1-40) and (> 40.1) years is shown in tables 1 & 2

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Table 1

SCORE

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1587.807	2	793.903	1.726	.189
Within Groups	22535.193	49	459.902		
Total	24123.000	51			

Comparison of scores in 3 age groups

Table 2 Multiple Comparisons

SCORE Bonferroni

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1	2	-1.574	6.965	1.000	-18.84	15.69
	3	20.157	11.319	.243	-7.90	48.22
2	1	1.574	6.965	1.000	-15.69	18.84
	3	21.731	12.262	.248	-8.67	52.13
3	1	-20.157	11.319	.243	-48.22	7.90
	2	-21.731	12.262	.248	-52.13	8.67

Key:-

I Age-Agegroup1

J Age- Age group to compare with

1= Age range 20-30 years

2= Age range 30.1- 40 years

3= Age range > 40.1 years

One way ANOVA to compare scores in four work experience variables (< 5 Years), (5.1- 10 Years), (10.1- 15 Years), (> 15.1 Years) is shown in tables 3 & 4

Table 3 ANOVA

SCORE

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2709.309	3	903.103	2.024	.123
Within Groups	21413.691	48	446.119		
Total	24123.000	51			

Table 4 Multiple Comparisons

SCORE Bonferroni

(I) WK EX	(J) WK EX	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1	2	-13.426	8.300	.674	-36.27	9.41
	3	3.074	11.165	1.000	-27.65	33.80
	4	14.324	9.353	.793	-11.42	40.06
2	1	13.426	8.300	.674	-9.41	36.27
	3	16.500	12.934	1.000	-19.10	52.10
	4	27.750	11.407	.113	-3.64	59.14
3	1	-3.074	11.165	1.000	-33.80	27.65
	2	-16.500	12.934	1.000	-52.10	19.10
	4	11.250	13.634	1.000	-26.27	48.77
4	1	-14.324	9.353	.793	-40.06	11.42
	2	-27.750	11.407	.113	-59.14	3.64
	3	-11.250	13.634	1.000	-48.77	26.27

Key: - WK EX- Work experience 1
J WK EX- Work experience to compare with
1= ≤ 5 Year
2= 5.1- 10 Years
3= 10.1-15 Years
4= 15.1 Years or >

Independent t- test

Independent sample t-test was used to compare the difference between 'Score' and 'Education Qualification' of the participants.

The values were not significant at p ≤ 0.05, indicating that no significant difference exists in both 'score' and 'education qualification'. Statistically there was no significance difference between the comparison of 'score' and 'education qualification' but clinically there was a difference between the means of the two variables, as evident by the differences in the mean values of the outcome as shown in tables 5 and 6

Table 5 Group Statistics

	EDU QUA	N	Mean	Std. Deviation	Std. Error Mean
SCORE	1	29	92.10	23.166	4.302
	2	23	79.43	17.886	3.729

Key: -
EDU QUA= Education Qualification
1= Bachelors in Physiotherapy
2= Masters in Physiotherapy
N= No of participants

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Table 6 Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)
SCORE Equal variances assumed	2.089	.155	2.160	50	.036
Equal variances not assumed			2.225	49.976	.031

Independent sample t-test was used to analyze the difference between 'Score' and 'Employment Information' of participants.

The values were not significant at p ≤ 0.05, indicating that no significant difference exists in both 'score' and 'employment information'. Statistically there was no significant difference between the comparison of 'score' and 'employment information' but clinically there was a difference between the means of the two variables, as was evident by the differences in the mean values of the outcome; as shown in tables 7 and 8.

Table 7 Group Statistics

EMP INFO	N	Mean	Std. Deviation	Std. Error Mean
SCORE 1	27	82.26	20.902	4.023
2	23	90.65	23.045	4.805

Key: -

EMP INFO= Employment Information

1= Government organization

2= Private organization

N= No of participants

Table 8 Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)
SCORE Equal variances assumed	.366	.548	-1.350	48	.183
Equal variances not assumed			-1.339	44.957	.187

Independent sample t-test was used to analyze the difference between 'Score' and 'Gender' of participants.

The values were not significant at p ≤ 0.05, indicating that no significant difference exists in both 'score' and 'gender'. Statistically there was no significant difference between the comparison of 'score' and 'gender' but clinically there was a difference between the means of the two variables, as was evident by the differences in the mean values of the outcome: as shown in tables 9 and 10.

Table 9 Group Statistics

GENDER	N	Mean	Std. Deviation	Std. Error Mean
SCORE 1	21	82.86	19.785	4.317
2	31	88.97	22.969	4.125

Key: -

1= male

2= female

N= No of participants

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Table 10 Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)
SCORE Equal variances assumed	.462	.500	-.994	50	.325
Equal variances not assumed			-1.023	47.047	.311

Phase: 5 Correlation analysis Pearson correlation (2-tailed) was applied to identify whether any relationship existed between age and score, Pearson correlation between age and score was -0.309, indicating the not significant result between age and score, (at $p \leq 0.05$ level).

Pearson Correlation between 'Age 1' & 'Score'

Table 11 Correlation

|		AGE 1	SCORE
AGE 1	Pearson Correlation	1	-.309[*]
	Sig. (2-tailed)		.026
	N	52	52
SCORE	Pearson Correlation	-.309[*]	1
	Sig. (2-tailed)	.026	
	N	52	52

* Correlation is significant at the 0.05 level (2 tailed)

Key:-N= No of participants

Age 1= Actual age of participants during data collection (in years/ months)

SCORE= Score of the questionnaire

Negative correlation was found between 'Age 1' and 'Score' with correlation coefficient r = - 0.309 at $p \leq 0.01$ as shown in Graph 1
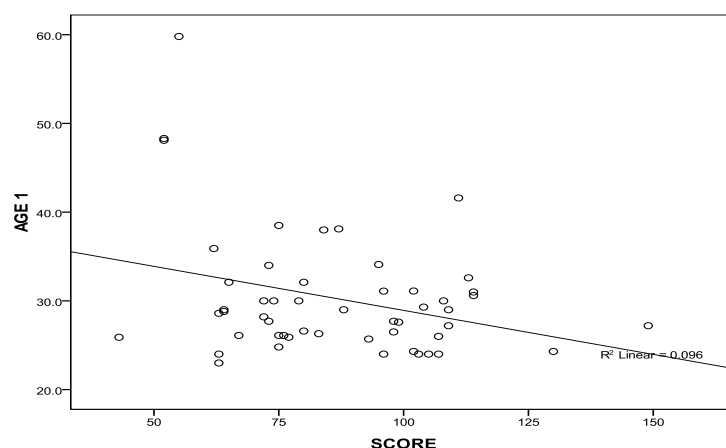
Graph 1

Spearman Correlation coefficient was used to identify relationship between the variables 'Score' and 'Work Experience 1'.

Spearman correlation (2-tailed) was applied to identify whether any relationship existed between work experience and score. The correlation coefficient was -0.115, i.e. a negative correlation was found to exist between them, (at $p \leq 0.01$), indicating the not significant result between work experience 1 and score.

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Spearman Correlations between 'Score' & 'Work experience 1'

Table: 12 Correlations

			WK EX 1	SCORE
Spearman's rho	WK EX 1	Correlation Coefficient	1.000	-.115
		Sig. (2-tailed)	.	.418
		N	52	52
	SCORE	Correlation Coefficient	-.115	1.000
		Sig. (2-tailed)	.418	.
		N	52	52

Key:-

N= Number of participants

WK EX 1= Work Experience (in years/ months)

SCORE= Score of the questionnaire

Negative correlation was found between 'Work Experience 1' and 'Score' with correlation coefficient $r = -0.115$ at $p \leq 0.01$ as shown in Graph 2
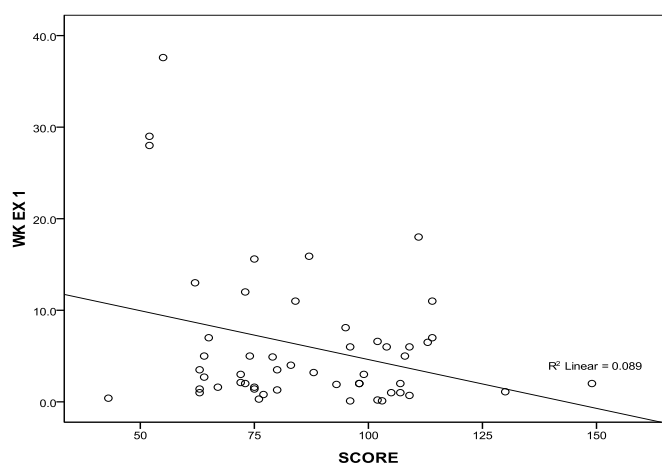
Graph 2

DISCUSSION

The questionnaire was designed to be a tool for assessment which addresses the multidimensional aspects of work stress in physiotherapy profession. It is a self-administered questionnaire which takes about 15-20 minutes for completion.

The other objective of the study was to use the developed questionnaire on working Physiotherapist around Jaipur region. This was a methodological study which included 52 participants as per the inclusion criteria with varied age groups, from 23 to 60 above years, including both genders. Participants who fulfilled the inclusion and exclusion criteria were taken from various organizations through purposive sampling technique.

There are 32 questions under 7 domains with 6 choices under each question which are, '0 N/A (not applicable)', '1- Never', '2- Rarely', '3- Sometimes', '4- Often' and '5- Always' which indicates the amount of stress faced by an physio therapist under each domain and questions within it. The scale, 'Work related Stress among Physiotherapist in Jaipur was administered and the 'scores' with 'demographic data' were calculated.

The low score in questionnaire meant that the participant had less work-related stress; however this does not mean that the participant was not having work related stress. Whereas high scores in 'Work related

Stress among Physiotherapist in Jaipur' questionnaire implied that the participant has higher work-related stress.

Comparison of scores

Comparison was done with various variables distributed according to the demographic data. Physio therapist working under 'Government organizations' scored a maximum of 114 and minimum of 43. Physiotherapist working under 'Private organizations' had a maximum score of 149 and minimum score of 63, and Physiotherapist who were 'Self-employed' had a maximum score of 99 and minimum score of 93.

This means that the therapists experienced higher stress- those working in private organizations whereas in government setups therapists experienced lesser stress.

'Gender based comparison' of scores stated that male therapists scored a maximum of 113 and minimum of 43, whereas female therapists scored a maximum of 149 and minimum of 52. The difference in the values stated that female Physiotherapist experienced higher stress than male Physiotherapist.

Scores according to 'Educational qualifications' stated that Physiotherapist with a 'bachelor's degree' scored a maximum score of 149 and minimum of 52; and Physiotherapist with 'Master's degree' scored maximum of 114 and minimum of 43. The difference in values stated that Physiotherapist with bachelor's degree experienced higher stress as compared to those having master's degree as their educational qualification.

Physio therapist with maximum 'Work experience' scored 55 whereas physio therapist with minimum work experience scored 96. This means that the therapists who had lesser work experience experienced higher stress as compared to those with more experience.

Additional Findings

Comparison of 'Score' with different 'Age groups'

The differences in the values of 'Score' in the three age groups were statistically not significant at $p \leq 0.05$, (table 1 & 2). Yet clinically there was a difference seen, as is evident by the difference in the mean values of the scores in the different age groups. It implies that work related stress was present in all age groups, though there was not much difference seen among the different age groups.

Comparison of 'Score' with different 'Work Experience' variables

The differences in the values of 'Score' in the four work experience groups were statistically not significant at $p \leq 0.05$, (table 3 & 4). Yet clinically there was a difference seen, as is evident by the difference in the mean values of the scores in the different work experience groups. The stress was found to be highest in work experience group (< 5 Years), followed by (5.1- 10 Years), then in group (10.1- 15 Years) and least in professionals with work experience (> 15.1 Years). Hence, work related stress was present in all the four groups.

Comparison between 'Score' and 'Educational Qualification'

The differences in the values of 'Score' in the two educational qualification groups were statistically not significant at $p \leq 0.05$, (table 5). Yet clinically there was a difference seen in the mean of the two variables, i.e. 90.46 (mean of score with bachelor's degree) and 78.41 (mean of score with master's degree) (table 5). It implies that work related stress was present in both the educational qualification groups, with the one's with a bachelor's degree experiencing little higher stress than those with a master's degree. The probable reason could be that Physiotherapist with master's degree were having more work experience and had seen more case holds and having skilled professional knowledge in comparison with Physiotherapist with bachelor's degree that in turn causing more stress in bachelor's degree holders.

Comparison between 'Score' and 'Employment Information'

The differences in the values of 'Score' in the two employment information groups were statistically not significant at $p \leq 0.05$, (table 7). Yet clinically there was a difference seen - 79.46 (mean of score in government organization) and 89.91 (mean of score in private organization) (table 7). Hence we can say that the Physiotherapist, working either in a government set up or in a private organization, experience work related stress.

Comparison between 'Score' and 'Gender'

The differences in the values of 'Score' in the two gender groups were statistically not significant at $p \leq 0.05$, (table 9). Yet clinically there was a difference seen - difference between the mean of two variables indicating that there was difference between them 82.86 (mean of score in male) and 86.56 (mean of private score in female) (table 9), as is evident by the difference in the mean values of the scores in the different gender groups. It implies that work related stress was present in both gender groups, though there was not much difference seen among the different gender groups.

Relationship between 'Score' and 'Age 1'

The study also examined if any correlation existed between the variables 'Age 1' and 'Score'. Since the data was normally distributed, Pearson Correlation Coefficient, a parametric test, was used to analyze the relationship between the two variables. The significance level was fixed at $p \leq 0.01$ level. The results of this study revealed that a significant negative correlation existed between 'Age1' and 'Score' stating that as the age increased, the score of the questionnaire decreased (table 11, graph 1). In other words, the changes in the scores were noted as the age increases.

Relationship between 'Score' and 'Work Experience 1'

Similarly, the study also examined if any relationship existed between the variables 'Work Experience 1' and 'Score'. The data of work experience 1 was not normally distributed as the standard deviation value was higher than the mean value. Hence the, Spearman Correlation Coefficient (2-tailed), a non parametric test as in the standard deviation value were not one third of the mean value for 'Work Experience 1' was used to identify the relationship, if any, among the variables; significance level was fixed at 0.01 level. The result of the study determined that a significant negative correlation existed between 'Work Experience 1' and 'Score' stating that as the work experience increased, the score of the questionnaire decreased (table 12, graph 2). In other words, the more the therapist had work experience, the lesser stress he was experiencing.

CONCLUSION

Its psychometric properties were also found out using face validity and content validity (through Content Validity Ratio (C.V.R) given by Lawshe). After the establishment of the content validity, 28 items had to be deleted from the total of 60, resulting in the final questionnaire consisting of 32 items.   ICC was found out to establish the Test- retest reliability. ICC was found to be high. The questionnaire was then used in a survey as a part of the research on Physiotherapist working in Jaipur. The scoring results showed that work related stress ranged from a minimum of 43 to a maximum of 149 score. Hence, "Work related stress in Physiotherapist in Jaipur" is a valid and reliable questionnaire to assess the work-related stress in Physiotherapist.

Limitations

The questionnaire "Work related stress in Physiotherapist in Jaipur" was overviewed by expert panel from Jaipur and questions were constructed by keeping in mind the working conditions of various organizations across Jaipur. As the working conditions, cultural and geographical aspects could differ across various states of India, so the work stress level, and the factors behind them can also differ

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according to the situations. Hence further studies need to be done to assess the suitability of this scale in regions other than Jaipur.

Future research

Future research need to be done to establish the criterion and construct validity of "Work related stress in Physiotherapist in Jaipur"

Studies also need to be done to validate the applicability of this scale in regions other than Jaipur.

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