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THE IMPACT OF OCCUPATIONAL STRESS AND BURNOUT ON MUSCULOSKELETAL HEALTH IN ACADEMIC AND ADMINISTRATIVE PERSONNEL

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ABSTRACT

Background: Occupational stress and burnout are increasingly recognized as significant concerns among academic and administrative personnel. These psychological factors may contribute to musculoskeletal discomfort, affecting both employee well-being and workplace productivity.

Aim: To evaluate the impact of occupational stress and burnout on musculoskeletal health among academic and administrative personnel in the Moradabad and Ujjain regions.

Methodology: A cross-sectional observational study was conducted among 155 participants, including 79 academic and 76 administrative personnel. Data were collected using self-administered questionnaires, including the Maslach Burnout Inventory (MBI), Cornell Musculoskeletal Discomfort Questionnaire (CMDQ), and a musculoskeletal discomfort questionnaire based on the Nordic Musculoskeletal Questionnaire. Statistical analysis was performed to assess burnout levels, musculoskeletal discomfort, and their interrelationships.

Results: Academic personnel reported significantly higher musculoskeletal discomfort compared to administrative personnel ($p = 0.033$). The neck, lower back, and shoulders were the most commonly affected regions. No significant correlation was found between CMDQ scores and burnout dimensions in either group. However, significant positive correlations were observed between emotional exhaustion and depersonalization, while personal accomplishment showed significant negative correlations with burnout dimensions.

Conclusion: Academic staff experience greater musculoskeletal discomfort than administrative staff, although burnout levels are comparable between groups. The absence of a significant association between burnout and musculoskeletal discomfort suggests that psychological and physical health challenges may operate independently. Therefore, occupational health programs should incorporate both ergonomic interventions and burnout prevention strategies to improve employee well-being and productivity.

Keywords: Occupational Stress, Burnout, Musculoskeletal Discomfort, Academic Personnel, Administrative Personnel, MBI, CMD

INTRODUCTION

Significant changes have occurred in the contemporary academic environment in recent decades, resulting in more demanding working circumstances for administrative and academic staff. Burnout and occupational stress have become widespread problems in higher education, with serious repercussions for workers' physical and emotional well-being. According to the National Institute for Occupational Safety and Health (1999), occupational stress is the term used to describe the negative mental and physical reactions that arise when job requirements do not align with an employee's needs, resources, or skills. Numerous factors, such as an overwhelming workload, job uncertainty, a lack of autonomy, and the need to continuously generate quantifiable results, can cause stress in academic environments. (1)

Freudenberger (1974) was the first to identify burnout, and Maslach and Jackson (1981) operationalized it as a distinct psychiatric condition that arises as a result of ongoing work-related stress. According to Maslach et al. (2001), it is typified by three main aspects: diminished personal achievement (feeling inept and unsuccessful at work), depersonalization (having negative, cynical attitudes about work), and emotional exhaustion (feeling emotionally overextended and spent). According to recent research, burnout is far more common among academic workers than in many other occupational groups; prevalence estimates vary from 30% to 50%, depending on the assessment methods and institutional environment.(2)(3)(4)(5)(6)

These psychological stresses have an influence on physical health, especially musculoskeletal health, in addition to mental health. One of the most common occupational health issues in the world, musculoskeletal disorders (MSDs) impact employees in every industry. The most common MSDs in academic settings are neck, shoulder, lower back, and wrist/hand pain. Depending on the condition and population under study, prevalence rates among university employees can range from 25% to 70%. These conditions, which place a heavy load on both people and organizations, arise from intricate connections between psychological stresses and physical ergonomic variables. (7)(8)(9)

Through developments in stress physiology and psychoneuroimmunology, the molecular pathways linking musculoskeletal issues to chronic stress and burnout are becoming more recognized. Chronic stress causes people's hypothalamic-pituitary-adrenal (HPA) axis to remain temporarily activated, which raises cortisol and other stress hormones over time. The development of chronic musculoskeletal disorders and heightened pain sensitivity have been directly associated with systemic inflammation, which is a result of this hormonal imbalance. Chronic stress also causes long-term muscular tension, especially in the back, shoulders, and neck, which can cause myofascial pain syndromes and other musculoskeletal issues. (10)(11)(12)

Chronic stress seems to hasten musculoskeletal deterioration at the cellular level via a number of mechanisms. It has been demonstrated that high cortisol levels hinder tissue healing processes and limit collagen formation, which may exacerbate musculoskeletal injury. Furthermore, stress-induced alterations in the central nervous system's perception and processing of pain may reduce pain thresholds and play a role in the emergence of chronic pain disorders. The physical demands of the workplace combine with these physiological changes to

produce a vicious cycle in which stress exacerbates musculoskeletal complaints, which in turn lead to further stress and burnout.[13]

There are certain stresses associated with the academic profession that greatly exacerbate mental stress and physical health issues. There is tremendous pressure to satisfy teaching and service commitments while producing high-quality research outputs due to the contemporary "publish or perish" mentality. The corporatization of higher education, the expanding rivalry for research funding, and the significance of measures like impact factors and h-indices have all contributed to this pressure in recent years. According to Jacobs and Winslow (2004), faculty members commonly report working 50–60 hours a week, with work frequently taking up nights and weekends. This results in a persistent work-life imbalance.[1][14]

Another major source of stress is teaching duties, especially in light of the growing importance placed on student assessments and learning outcomes evaluation. According to Houston et al. (2019), many professors express feeling torn between upholding academic rigor and satisfying students' expectations for grades and course experiences. During the COVID-19 pandemic, the quick transition to online and hybrid teaching methods created new pressures and necessitated a major adjustment to technology while preserving the quality of education.[15][16]

Role overload is also a result of service commitments, such as committee and administrative duties. Many universities have cut back on administrative support employees, giving faculty members more responsibility without lowering other standards. Burnout is known to be predicted by role conflict and time strain, both of which are brought on by this growth of tasks and responsibilities .[17]

The work environment of academic administrative staff also encourages high levels of stress and burnout, despite the fact that they encounter some distinct issues than academics. Processing vast amounts of student records, financial papers, or other institutional data typically results in a significant workload for administrative personnel due to repeated duties. Administrative workers generally have little influence over their work procedures and schedules, despite the fact that this job is frequently deadline-driven and results in persistent time pressure. [18]

Another major stressor for many administrative staff is job insecurity, which is exacerbated by the fact that administrative salaries often do not keep up with inflation or the rising cost of living, especially in urban areas close to major. This is because, unlike tenure-track faculty, the majority of administrative positions are contingent or at-will, raising concerns about job stability. Additionally, budget cuts and institutional restructuring often target administrative units first, creating an environment of perpetual uncertainty. [19]

Administrative stress is also greatly influenced by interpersonal dynamics. Administrative personnel are usually stuck between conflicting demands and expectations as they negotiate complicated relationships with senior administrators, academics, and students. When choices or policies are controversial, administrative

personnel may be forced to implement changes they may not personally favor, making this "middle person" job very difficult. [20]

The organizational culture of educational institutions has a big impact on how stress and its physical effects are handled. Many universities continue to foster cultures that exalt excessive work, making long hours and round-the-clock availability the standard. The rise of digital communication technologies has exacerbated this "always on" culture by making it harder to distinguish between work and personal time. [21][22]

Unrealistic expectations and an emphasis on quantity over quality are two common ways that performance measurements and assessment systems add to stress. For instance, there is evidence linking increased stress and weakened well-being to the growing use of student assessments for teacher evaluation. Likewise, performance criteria that prioritize processing speed above quality or customer service can create contradictory expectations for administrative staff . [23][24][20]

In academia, hierarchical power systems may also lead to stress, especially for younger staff and faculty members who could feel helpless to oppose irrational requests. For pre-tenure academics, who must juggle research, teaching, and service duties while being continuously evaluated, the tenure system causes very high levels of stress. Having duty without power and being expected to enforce policies they did not create often causes stress for administrative workers. [25][26]

Gender and other demographic characteristics have a substantial impact on how people feel professional stress and its physical effects. Higher rates of sexual harassment, gender bias in evaluation, and increased caregiving obligations are some of the particular difficulties faced by women in academia. The increased rates of burnout and musculoskeletal symptoms reported by F faculty members compared to their M counterparts may be explained by these extra pressures. Additional stresses for faculty and staff members who are members of racial and ethnic minorities include tokenism, discrimination, and cultural taxation. Underrepresented faculty members devote an excessive amount of their time to diversity-related service projects, a phenomenon known as the "minority tax". Minority academic professionals' health disparities are probably caused in part by the ongoing stress brought on by these experiences.(27)(28)(29)

Comprehensive, multidimensional therapies are needed to address the interrelated issues of burnout, musculoskeletal ailments, and occupational stress. Academic workers' burnout symptoms may be lessened by personalized stress management programs that combine mindfulness, cognitive-behavioral strategies, and relaxation training. Workplace yoga and stretching programs are examples of physical activity treatments that may help manage musculoskeletal symptoms as well as psychological stress. Interventions at the organizational level are arguably the most important for bringing about long-lasting change. Chronic stress can be lessened by using workload management techniques, such as setting reasonable goals for research output, teaching loads, and service obligations. Burnout can be prevented by lowering perceived injustice and ambiguity in promotion and assessment criteria. Flexible work alternatives, such as reduced workweeks and

hybrid schedules, may aid employees in better juggling their personal and professional obligations.[30][31][32][33][34]

Leadership development programs may improve communication, conflict resolution, and emotional intelligence abilities, which can assist academic administrators build better work cultures. Programs for faculty and staff mentoring can offer career counseling and social support, which can act as a stress reliever. Lastly, changing cultural norms away from the celebration of excessive labor can be facilitated by institutional policies that specifically encourage and reward work-life balance.[35][36]

Although a lot of progress has been made in understanding the connections between burnout, musculoskeletal health, and occupational stress in academic settings, there are still a number of crucial study gaps. Establishing causal linkages and identifying crucial intervention points require longitudinal studies that follow the process from stress to burnout to physical problems. To ascertain how organizational settings impact these health outcomes, research comparing various academic fields and institutional kinds might be helpful.[37][38]

The efficacy of integrated therapies that concurrently target psychological and physical health issues requires more research. Additionally, studies should look at the potential applications of cutting-edge technology like ergonomic sensors and wearable stress monitors to stop health issues before they get out of hand. Furthermore, as academic work conditions and pressures differ greatly among national settings, greater focus should be placed on international comparisons[39][40]

AIMS & OBJECTIVES

Aim and Objectives of the Study:

- **Aim:** To evaluate the impact of occupational stress and burnout on musculoskeletal health among academic and administrative personnel in the Moradabad and Ujjain regions.
- **Objectives:**
    1. To assess the levels of occupational stress and burnout in academic and administrative personnel.
    2. To evaluate the prevalence of musculoskeletal discomfort in the target population.
    3. To examine the relationship between burnout, occupational stress, and musculoskeletal discomfort.
    4. To compare the levels of stress, burnout, and discomfort between academic and administrative groups.

Hypothesis:

- **Experimental Hypothesis:** There is a significant relationship between occupational stress, burnout, and musculoskeletal discomfort among academic and administrative personnel.
- **Null Hypothesis:** There is no significant relationship between occupational stress, burnout, and musculoskeletal discomfort among academic and administrative personnel.

REVIEW OF LITERATURE

Ramesh Sharma, Meena Deswal, and Shalini Tripathi (2025) The study concluded that burnout, particularly emotional exhaustion, serves as the most significant predictor of musculoskeletal discomfort among college faculty and staff. The researchers observed that high workload, lack of administrative support, and time pressure not only led to psychological exhaustion but also manifested physically in the form of neck, shoulder, and lower back pain. The study strongly recommends institutional-level interventions, including ergonomic support and regular stress management training, to reduce the physical burden of burnout.

Vikram Patel, Sangeeta Yadav, and Deepak Kumar (2025) The study concluded that lecturers in higher education institutions of Gujarat showed a high prevalence of musculoskeletal complaints, most notably in the cervical and lumbar spine regions, which were closely associated with poor work-life balance and sustained emotional exhaustion. The research emphasized the role of job stressors such as continuous lecture hours, limited physical movement, and lack of mental health breaks. Recommendations included workplace redesign and faculty welfare programs to prevent physical health deterioration caused by chronic stress.

Ritu Joshi and Saif Khan (2025) The study concluded that administrative employees in academic institutions reported significantly higher levels of burnout when they experienced role ambiguity, lack of job autonomy, and high task repetition. These psychosocial factors were strongly linked with physical complaints, particularly shoulder stiffness and backache. The study highlights that burnout is not exclusive to academic teaching staff and calls for inclusive occupational health policies targeting administrative groups as well.

Ankita Rawat, Dheeraj Chauhan, and Neha Gupta (2024) The study concluded that the shift to hybrid and online teaching models during and after the COVID-19 pandemic significantly increased both occupational stress and musculoskeletal discomfort among educators. The lack of ergonomic awareness and poorly set up home offices were major contributors to upper limb discomfort and visual fatigue. Teachers reported feeling emotionally overworked due to blurred work-life boundaries and increased screen time. The study recommends urgent ergonomic training for hybrid work environments.

Amit Kumar and Farheen Bano (2024) The study concluded that repetitive clerical work, when combined with high perceived stress and emotional detachment, contributed significantly to musculoskeletal disorders among administrative employees. Stress levels were statistically correlated with CMDQ scores, showing that psychosocial strain manifests physically in the form of upper back, wrist, and neck discomfort. The findings stress the need for job enrichment and task variety to improve mental and physical well-being.

Ravi Pathak and Mohini Sinha (2024) The study concluded that burnout and physical symptoms such as chronic musculoskeletal pain often go unnoticed among non-teaching university staff. Emotional exhaustion and depersonalization were especially high among staff in departments with less supervisory recognition. Chronic pain, particularly in the upper limbs and back, was prevalent in long-serving staff members. The study advocates for mental health inclusion and wellness sessions for all cadres of university employees..

Ananya Ghosh and Kaustav Mahapatra (2023) The study concluded that academic professionals often normalize stress and ignore emerging symptoms of musculoskeletal discomfort, leading to underreporting and delayed intervention. The normalization was especially evident among mid-level faculty. Implementation of institutional support systems, such as stress screening and regular physical assessments, was found to significantly improve well-being and job performance.

Monika Verma, Preeti Sharma, and Rajat Malhotra (2023) The study concluded that the absence of ergonomic furniture, combined with long lecture hours and administrative tasks, significantly contributed to burnout and MSDs in teaching faculty. The burden was especially high among those who had been in service for over 10 years, and pain was most commonly reported in the lumbar and cervical regions. The study also showed that institutional workload policies did not factor in age-related physical strain.

Debanjana Chatterjee, Tanvi Mehta, and Shruti Narula (2023) The study concluded that female faculty members were more likely to report burnout and associated musculoskeletal symptoms compared to their male counterparts. The dual responsibility of work and home, poor sleep hygiene, and extended screen exposure were identified as critical stressors. The most commonly affected body areas included the neck, shoulders, and upper back, pointing toward sedentary overload.

Rakesh Jadhav and Priya Sawant (2023) The study concluded that academic professionals with long working hours, minimal physical activity, and inadequate ergonomic workspaces experienced high levels of emotional exhaustion and MSDs. The burnout subscales of depersonalization and reduced accomplishment were highly associated with complaints of chronic spinal pain and repetitive strain injuries.

Sunita Kumari, Rekha Nair, and Aamir Shaikh (2022) The study concluded that screen-based administrative professionals reported high levels of stress and were more likely to develop musculoskeletal issues in the neck, shoulders, and upper back. The CMDQ revealed strong associations between perceived psychological stress and discomfort in multiple body regions. The authors emphasized the importance of ergonomic assessments and the integration of psychosocial evaluations in employee health programs to manage both physical and mental stressors.

Rohit Bhadana, Meenal Sharma, and Varun Tiwari (2022) The study concluded that academicians in Uttar Pradesh faced intense work-related stress due to administrative overload, excessive lectures, and lack of institutional support. More than 70% of the respondents showed symptoms of burnout and reported bodily pain, particularly in the spine and shoulder girdle. The findings emphasize a strong relationship between job demands and musculoskeletal health in educational sectors, especially in under-resourced areas.

Aamir Ali, Bushra Sultana, and Ahmed Qureshi (2022) The study concluded that burnout levels in Pakistani school teachers were strongly associated with musculoskeletal complaints, primarily in the neck, shoulders, and upper back. Teachers who scored high in emotional exhaustion also reported higher CMDQ scores, indicating a direct psychosomatic impact of prolonged stress. The study highlighted cultural and systemic gaps in recognizing occupational health in South Asian educational environments.

Qasim Memon, Ayesha Khatoon, and Imran Shah (2021) The study concluded that excessive workload, bureaucratic pressure, and performance expectations contributed to elevated stress and burnout among faculty members in public universities. Physical symptoms of MSDs were frequently reported in conjunction with emotional fatigue, with CMDQ data confirming high prevalence in the lower back and wrist regions. Preventive ergonomic and psychological counseling were recommended.

Neha Srivastava and Ankit Singh (2021) The study concluded that nearly 68% of college lecturers in Northern India suffered from musculoskeletal discomfort, primarily due to elevated stress levels. Chronic fatigue, neck stiffness, and lower back pain were common among those scoring high on the Maslach Burnout Inventory. The study recommended mental health training and physical therapy as dual interventions for academic employees.

Adnan Aziz, Rehan Khan, and Simran Bhatia (2020) The study concluded that administrative professionals working long hours in static postures experienced significantly higher burnout scores and reported discomfort in the cervical and lumbar spine. The findings reinforce the relationship between psychological stress and physical dysfunction, underscoring the need for routine ergonomic audits and mental health programs for administrative staff.

Mohammad Ismail, Sabiha Tariq, and Lubna Shakoor (2020) The study concluded that burnout among healthcare educators showed a strong correlation with musculoskeletal pain. Specifically, higher emotional exhaustion scores were associated with increased reports of upper back and shoulder stiffness. The study highlighted that burnout does not only impair psychological performance but also leads to biomechanical dysfunction, validating the need for holistic interventions.

Bikash Behera, Swati Jena, and Amarjeet Singh (2020) The study concluded that stress caused by tight deadlines, mental workload, and poor workstation design contributed to the development of MSDs in Indian IT professionals. Although not in academia, the sedentary nature of their jobs and work conditions closely mirror those of academic administrators. This study emphasizes the role of ergonomic interventions in desk-bound professions.

Mohd Rahman, Lina Wahid, and Khairul Nizam (2019) The study concluded that burnout and poor job satisfaction were statistically significant predictors of musculoskeletal disorders among Malaysian schoolteachers. Symptoms were prevalent in the back, shoulders, and neck, suggesting that psychological strain directly influences biomechanical health. The findings support the development of psychosocial wellness programs in schools.

Indian Council of Medical Research (2019) The study concluded that the national prevalence of musculoskeletal disorders among Indian workers was 76%, with academic and clerical professions showing among the highest rates. The most commonly affected regions were the neck and lower back, linked to sustained static posture and psychological stress. The survey called for nationwide ergonomic reforms and occupational health awareness in educational institutions.

METHODOLOGY

Study Design:

- The study design is an **observational cross-sectional study** to identify associations between occupational stress, burnout, and musculoskeletal discomfort.

Source of Data:

- Higher educational institutions in Moradabad and Ujjain regions.

Method of Collection of Data:

- Data were collected through self-administered questionnaires. Participants were approached during working hours with prior permission from institutional authorities.
- Written informed consent was obtained.

Sample Size:

- A total of **155 participants** were selected (79 academic and 76 administrative personnel).

Materials to be Used:

1. Informed Consent Form
2. General Demographic Details Form
3. Maslach Burnout Inventory (MBI)
4. Cornell Musculoskeletal Discomfort Questionnaire (CMDQ)
5. Musculoskeletal Discomfort Form based on the Nordic Questionnaire (Kourinka et al., 1987)

Inclusion Criteria:

1. Full-time academic or administrative personnel with at least 6 months of experience.
2. Age between 25 to 60 years.
3. Willing to participate and able to give informed consent.

Exclusion Criteria:

1. Known history of musculoskeletal disorders unrelated to occupation.
2. Part-time or contractual employees.
3. Individuals on long-term medical leave.

Testing Procedure:

1. Participants were selected using stratified random sampling.
2. They were provided with an explanation of the study, and informed consent was obtained.
3. Participants filled in demographic details and completed the three questionnaires: MBI, CMDQ, and the Nordic Musculoskeletal Discomfort Form.
4. The questionnaires were distributed in print form.
5. Data collection was conducted over a period of 4 weeks.

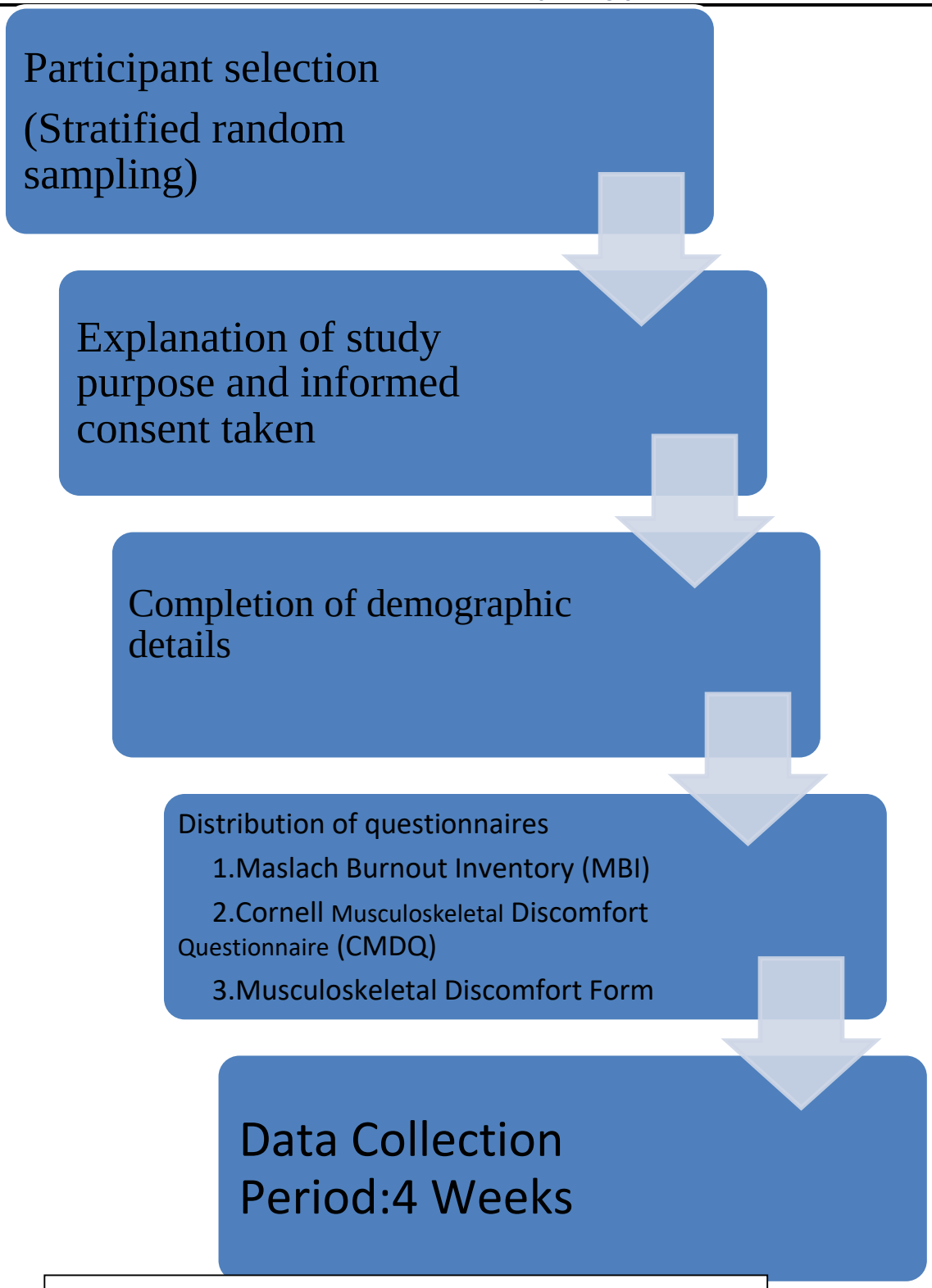


FIG 1 :- Data Collection procedure

FIG 2 :- Image Taken During Data Collection

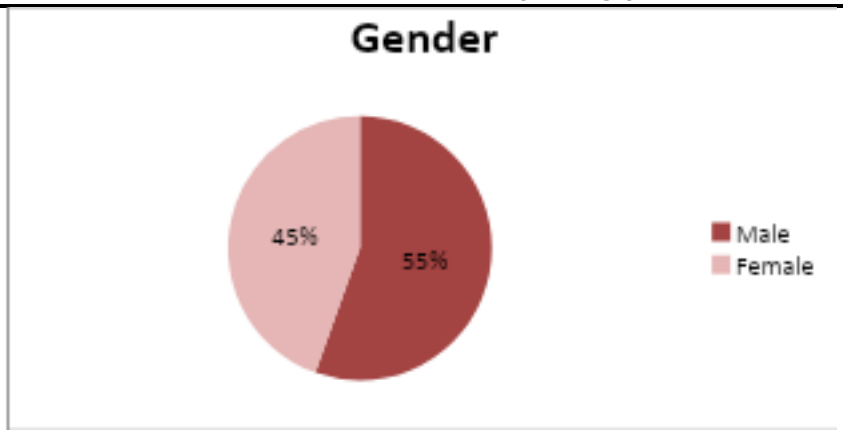
CHAPTER 5: STATISTICAL ANALYSIS

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	155	23	68	36.86	9.310
Experience	155	1	28	8.89	6.174
Working_hrs	155	4	15	8.19	1.283

TABLE 1:- The table presents descriptive statistics for three variables: age, work experience, and working hours per day, based on a sample of 155 participants. The participants' ages ranged from 23 to 68 years, with a mean age of 36.86 years and a standard deviation of 9.31. Their work experience varied from 1 to 28 years, averaging 8.89 years (SD = 6.17). The number of working hours per day ranged from 4 to 15, with a mean of 8.19 hours and a standard deviation of 1.28.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	69	44.5	44.5	44.5
	M	86	55.5	55.5	100.0
	Total	155	100.0	100.0	

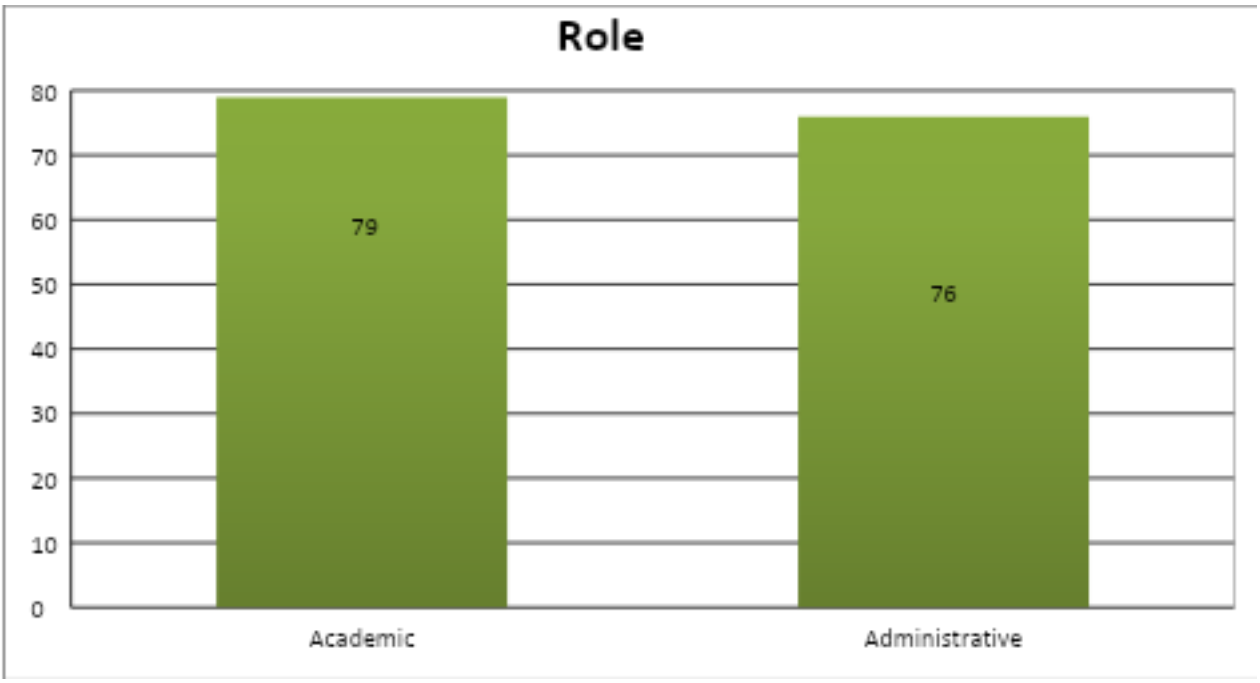
Table 2:- The table shows the gender distribution of the 155 participants. Out of the total, 69 participants (44.5%) were F and 86 participants (55.5%) were M. The valid percent and cumulative percent columns confirm that Ms constituted the majority, bringing the cumulative percentage to 100%.



Graph 1:- the graph present percentage of M and Fs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	academic	79	51.0	51.0	51.0
	administrative	76	49.0	49.0	100.0
	Total	155	100.0	100.0	

Table 3:- The table represents the distribution of participants based on their roles. Among the 155 participants, 79 (51.0%) were from academic roles and 76 (49.0%) were from administrative roles. The data indicates a nearly equal representation, with academic participants making up a slight majority.



Graph 2:- shows numbers of academic and administrative

Groups		Kolmogorov-Smirnov[a]		
		Statistic	df	Sig.
MBI_A	Administration	.096	76	.080
	Academic	.113	79	.014
MBI_B	Administration	.090	76	.200*
	Academic	.117	79	.009
MBI_C	Administration	.123	76	.006
	Academic	.141	79	.001
CMDQ	Administration	.190	76	.000
	Academic	.135	79	.001

Table 4:- The table displays the results of the Kolmogorov-Smirnov test for normality conducted on MBI subscales (MBI_A, MBI_B, MBI_C) and CMDQ scores across Administration and Academic groups. A significance value (Sig.) greater than 0.05 indicates normal distribution, whereas a value less than 0.05 indicates deviation from normality. The results show that MBI_B in the Administration group follows a normal distribution (p = .200), while most other variables, particularly in the Academic group, do not meet the assumption of normality.

Group		N	Mean score	p-value
MBI_A	Administrative	76	81.63	.324
	Academic	79	74.51	
	Total	155		

Table 5:- This table presents the comparison of mean scores for the MBI_A subscale between Administrative (n = 76) and Academic (n = 79) groups. The Administrative group had a higher mean score (81.63) compared to the Academic group (74.51). However, the difference was not statistically significant, as indicated by the p-value of .324.

Group		N	Mean Rank	p-value
MBI_B	Administrative	76	81.99	.278
	Academic	79	74.16	
	Total	155		

Table 6:- This table shows the comparison of mean ranks for the MBI_B subscale between Administrative (n = 76) and Academic (n = 79) groups. The Administrative group had a slightly higher mean rank (81.99) than the Academic group (74.16). However, the difference was not statistically significant, as indicated by the p-value of .278.

Group		N	Mean Rank	p-value
MBI_C	1	76	77.23	0.833
	2	79	78.74	
	Total	155		

Table 7:- This table presents the comparison of mean ranks for the MBI_C subscale between Group 1 (n = 76) and Group 2 (n = 79). The mean ranks were 77.23 and 78.74, respectively. The p-value of 0.833 indicates that there is **no statistically significant difference** between the two groups for the MBI_C scores.

Group		N	Mean Rank	p-value
CMDQ	1	76	70.16	0.033
	2	79	85.54	
	Total	155		

Table 8:- This table presents the comparison of mean ranks for CMDQ scores between Group 1 (n = 76) and Group 2 (n = 79). Group 2 showed a higher mean rank (85.54) compared to Group 1 (70.16). The p-value of 0.033 indicates a **statistically significant difference** between the two groups in terms of musculoskeletal discomfort.

Academic/admin			CMDQ	MBI_A	MBI_B	MBI_C
academic	CMDQ	Correlation Coefficient	1.000	-.003	.023	-.140
		Sig. (2-tailed)		.976	.838	.218
		N	79	79	79	79
	MBI_A	Correlation Coefficient	-.003	1.000	.527**	-.289**
		Sig. (2-tailed)	.976		.000	.010
		N	79	79	79	79
	MBI_B	Correlation Coefficient	.023	.527**	1.000	-.197
		Sig. (2-tailed)	.838	.000		.082
		N	79	79	79	79
	MBI_C	Correlation Coefficient	-.140	-.289**	-.197	1.000
		Sig. (2-tailed)	.218	.010	.082	
		N	79	79	79	79

**. Correlation is significant at the 0.01 level (2-tailed).

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

Table 9:- This table shows the results of Spearman's rho nonparametric correlation analysis among CMDQ and MBI subscales (MBI_A, MBI_B, MBI_C) in the **Academic group (n = 79)**.

- CMDQ showed **no significant correlation** with any of the MBI subscales ($p > 0.05$).
- A **strong positive correlation** was found between **MBI_A and MBI_B** ($r = 0.527$, $p < 0.01$), indicating that higher emotional exhaustion is associated with higher depersonalization.
- **MBI_A and MBI_C** showed a **significant negative correlation** ($r = -0.289$, $p < 0.01$), suggesting that increased emotional exhaustion is associated with reduced personal accomplishment.
- Other correlations were weak and not statistically significant.

administrative	CMDQ	Correlation Coefficient	1.000	.019	.028	.104
		Sig. (2-tailed)		.867	.809	.373
		N	76	76	76	76
	MBI_A	Correlation Coefficient	.019	1.000	.622**	-.240*
		Sig. (2-tailed)	.867		.000	.037
		N	76	76	76	76
	MBI_B	Correlation Coefficient	.028	.622**	1.000	-.260*
		Sig. (2-tailed)	.809	.000		.023
		N	76	76	76	76
	MBI_C	Correlation Coefficient	.104	-.240*	-.260*	1.000
		Sig. (2-tailed)	.373	.037	.023	
		N	76	76	76	76

Table 10:- This table presents Spearman's rho correlations among CMDQ and MBI subscales (MBI_A, MBI_B, MBI_C) within the **Administrative group**.

- **CMDQ** did **not show any significant correlation** with any of the MBI subscales ($p > 0.05$).
- A **strong positive correlation** was observed between **MBI_A and MBI_B** ($r = 0.622$, $p < 0.01$), indicating that higher emotional exhaustion is associated with higher depersonalization.
- **MBI_A and MBI_C** showed a **significant negative correlation** ($r = -0.240$, $p < 0.05$), suggesting that increased emotional exhaustion is associated with reduced personal accomplishment.
- **MBI_B and MBI_C** were also **negatively correlated** ($r = -0.260$, $p < 0.05$), indicating that higher depersonalization is linked with lower personal accomplishment.

Correlations						
			CMDQ	MBI_A	MBI_B	MBI_C
Spearman's rho	CMDQ	Correlation Coefficient	1.000	-.011	.014	-.018
		Sig. (2-tailed)		.889	.861	.829
		N	155	155	155	155
	MBI_A	Correlation Coefficient	-.011	1.000	.581**	-.292**
		Sig. (2-tailed)	.889		.000	.000
		N	155	155	155	155
	MBI_B	Correlation Coefficient	.014	.581**	1.000	-.245**
		Sig. (2-tailed)	.861	.000		.002
		N	155	155	155	155
	MBI_C	Correlation Coefficient	-.018	-.292**	-.245**	1.000
		Sig. (2-tailed)	.829	.000	.002	
		N	155	155	155	155

Table 11:- This table presents Spearman's rho correlations between CMDQ and the MBI subscales (MBI_A, MBI_B, MBI_C) for the **total sample (n = 155)**.

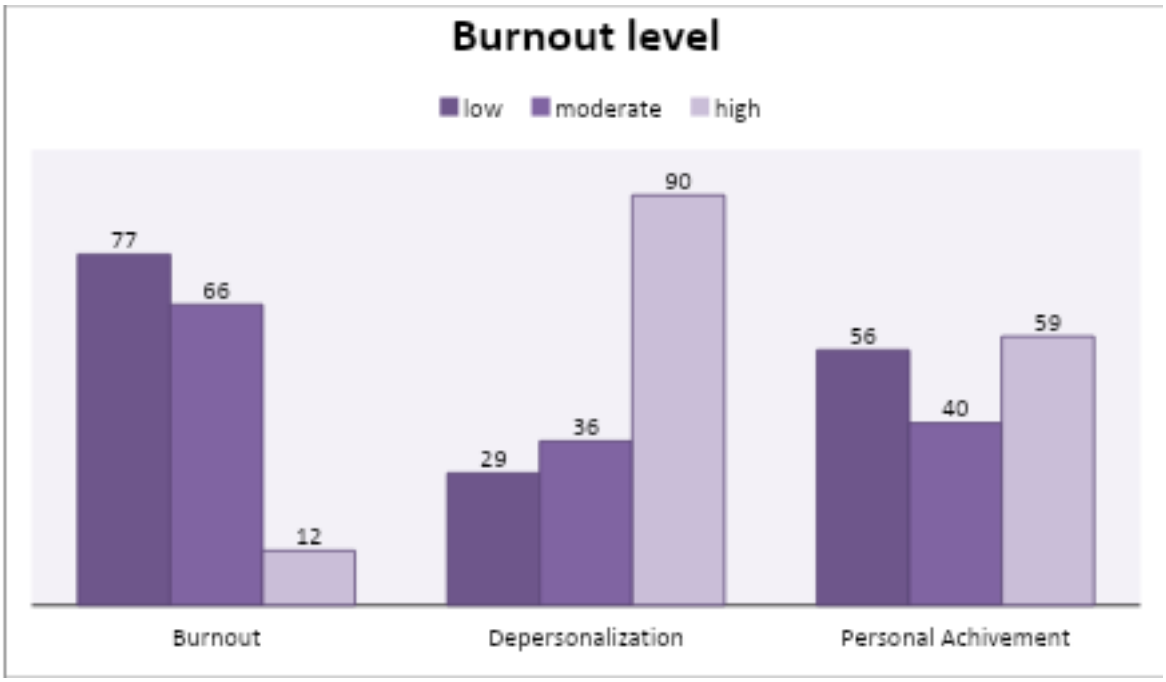
- **CMDQ** showed **no significant correlation** with any of the MBI subscales ($p > 0.05$), indicating musculoskeletal discomfort is not directly related to burnout components in the overall sample.
- A **strong positive correlation** was found between **MBI_A and MBI_B** ($r = 0.581$, $p < 0.01$), suggesting that emotional exhaustion is strongly associated with depersonalization.
- **MBI_A and MBI_C** showed a **significant negative correlation** ($r = -0.292$, $p < 0.01$), as did **MBI_B and MBI_C** ($r = -0.245$, $p < 0.01$), indicating that higher burnout is associated with reduced personal accomplishment.

Variable	**Academic CMDQ Correlation**	**Administrative CMDQ Correlation**	**Significance**
MBI_A (Burnout)	r = -0.003	r = 0.019	NS
MBI_B (Depersonalization)	r = 0.023	r = 0.028	NS
MBI_C (Personal Achievement)	r = -0.140	r = 0.104	NS
CMDQ Mean Rank	85.54	70.16	*Significant* (p = 0.033)

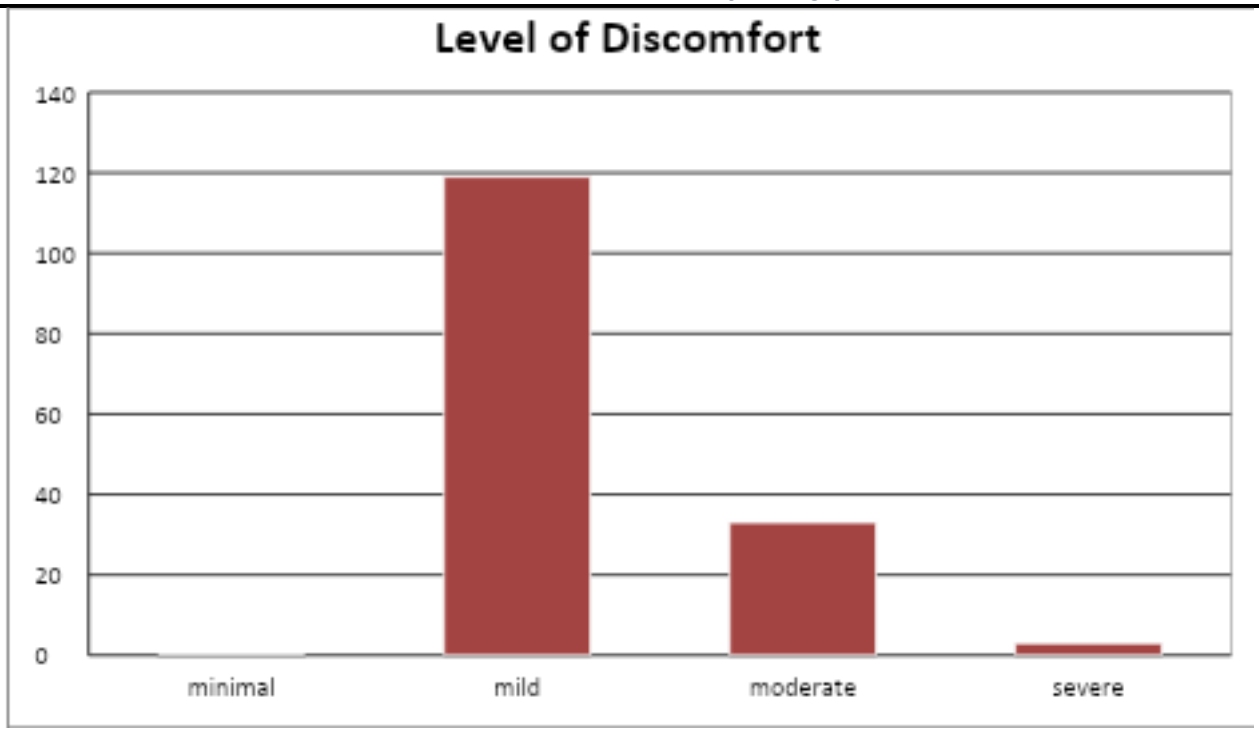
Table 12:- The table summarizes the correlation of CMDQ scores with burnout components (MBI_A, MBI_B, MBI_C) in academic and administrative groups. No significant correlation was found between CMDQ and any MBI subscale in either group. However, CMDQ mean rank was significantly higher in the academic group (85.54) compared to the administrative group (70.16), indicating greater musculoskeletal discomfort among academic participants (p = 0.033).

Group	Burnout ↔ Depersonalization	Burnout ↔ Personal Achievement	Depersonalization ↔ Personal Achievement
Academic	Strong Positive (r = 0.527)	Negative (r = -0.289)	Weak, NS (r = -0.197)
Administrative	Strong Positive (r = 0.622)	Negative (r = -0.240)	Negative (r = -0.260)
Total Sample	Strong Positive (r = 0.581)	Negative (r = -0.292)	Negative (r = -0.245)

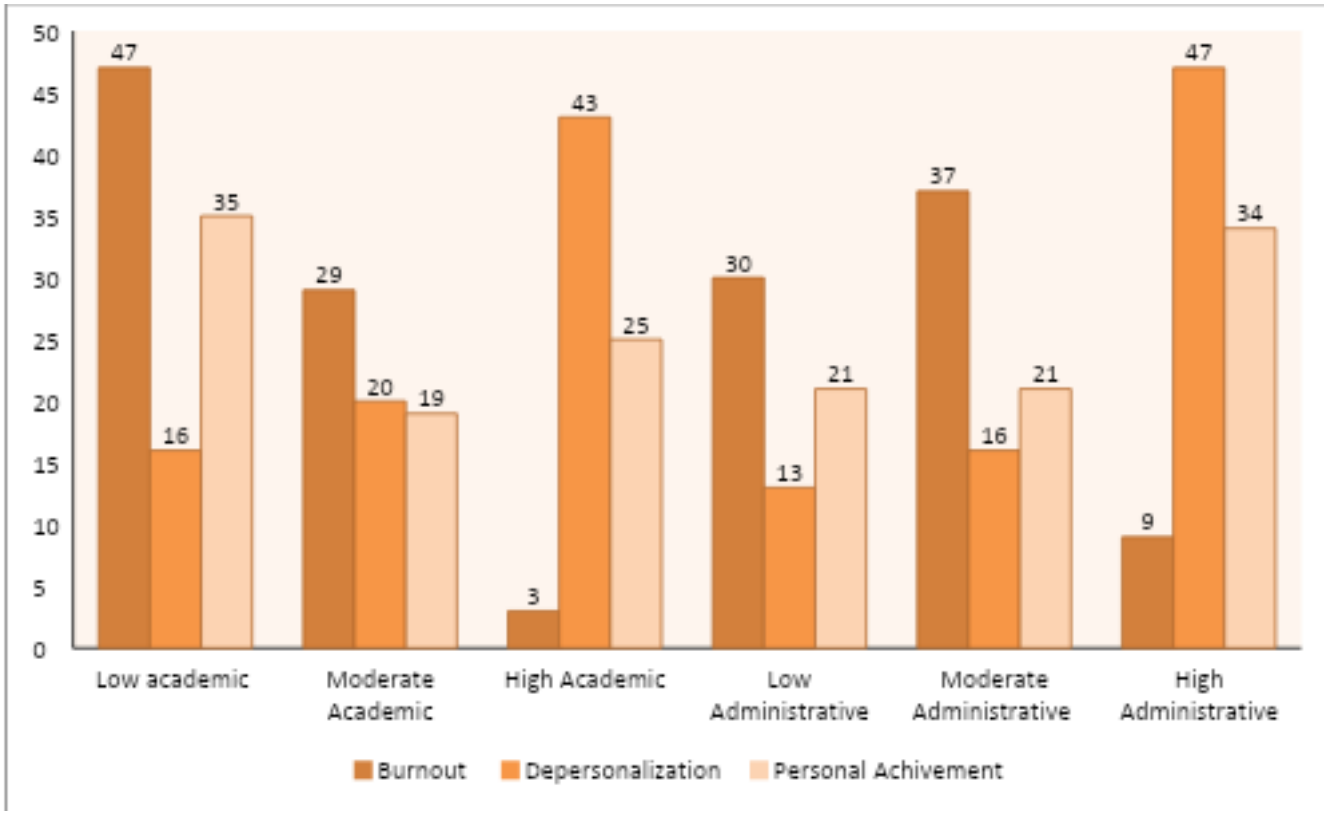
Table 13:- This table presents the correlations among the three dimensions of burnout (burnout, depersonalization, and personal achievement) across academic, administrative, and total samples. In all groups, a strong positive correlation was observed between burnout and depersonalization, while burnout was negatively associated with personal achievement. Depersonalization also showed a negative correlation with personal achievement, which was significant in the administrative and total samples, but not in the academic group.



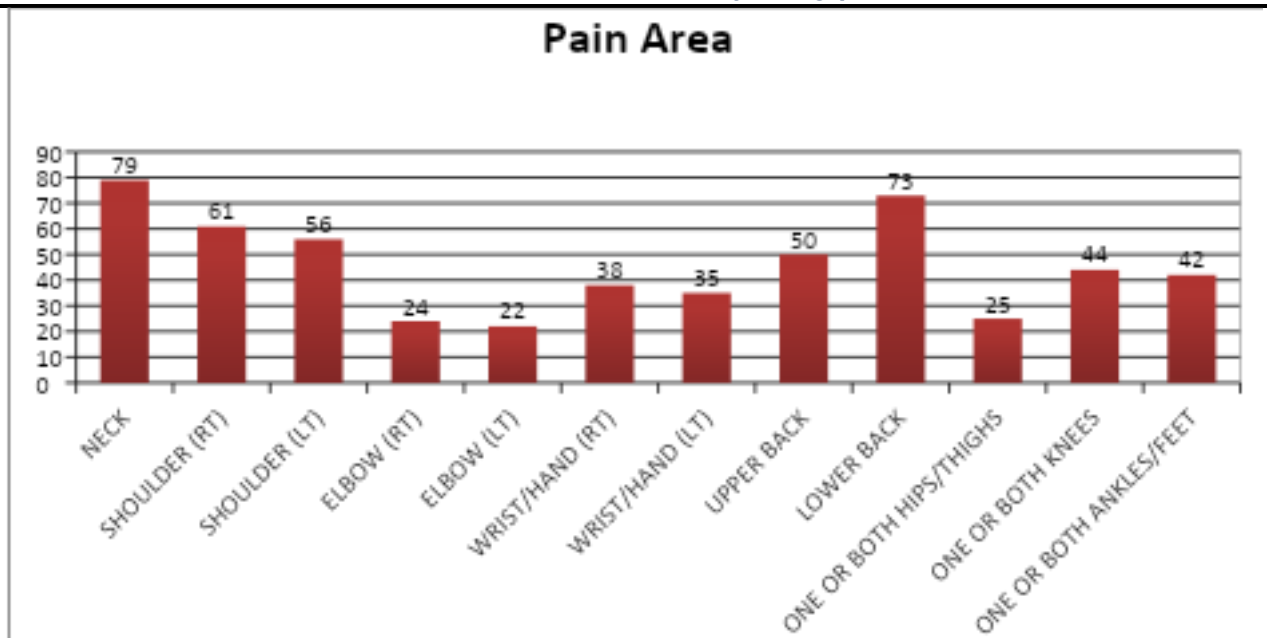
Graph 3:- The graph present number of subject having low, moderate and high level of burnout, depersonalization and personal achivement



Graph 4:- The graph present level of discomfort



Graph 5:- The graph present level of burnout, depersonalization and personal achievement among academics and administrative personnel.



Graph 6:- The bar graph illustrates the number of subjects reporting pain in different body regions. The most commonly affected areas are the **neck (79 subjects)**, **lower back (73 subjects)**, and **right shoulder (61 subjects)**. Pain is also reported in the **left shoulder (56)**, **upper back (50)**, **right wrist/hand (38)**, and **left wrist/hand (35)**. Fewer subjects report pain in the **elbows**, **hips/thighs**, **knees**, and **ankles/feet**, with counts ranging from **22 to 44**.

RESULT

This study included a total of 155 participants, of whom 79 were academic staff and 76 were administrative personnel. The descriptive statistics (Table 1) show that the mean age of participants was 36.86 years, with a minimum of 23 and a maximum of 68 years. Participants had an average of 8.89 years of work experience and reported working a mean of 8.19 hours per day. Gender distribution (Table 2) revealed that 55.5% of the sample were Ms and 44.5% were Fs, as illustrated in **Graph 1**. The role-wise distribution was nearly equal, with 51% academic and 49% administrative professionals (Table 3; **Graph 2**).

The Kolmogorov-Smirnov test (Table 4) showed that most variables did not follow a normal distribution, especially in the academic group, warranting the use of non-parametric methods for inferential analysis. When comparing burnout subscale scores, no statistically significant differences were observed between the academic and administrative groups for MBI_A (emotional exhaustion), MBI_B (depersonalization), and MBI_C (personal accomplishment), as shown in Tables 5 to 7. However, the CMDQ (Cornell Musculoskeletal Discomfort Questionnaire) scores were significantly higher among academic staff (mean rank = 85.54) compared to administrative staff (mean rank = 70.16), with a p-value of 0.033 (Table 8), indicating significantly greater physical discomfort in the academic group. This is visually represented in **Graph 4**.

Burnout levels among participants were categorized into low, moderate, and high, and are depicted in **Graph 3**, while **Graph 5** compares the levels of burnout and discomfort between academic and administrative groups. Notably, academic staff demonstrated higher levels of musculoskeletal discomfort despite similar burnout levels.

Spearman's correlation analysis was conducted to explore the relationships among CMDQ and burnout subscales within the academic, administrative, and total groups (Tables 9–11). CMDQ scores were not significantly correlated with any of the burnout subscales in any group. However, emotional exhaustion (MBI_A) was strongly and positively correlated with depersonalization (MBI_B) across all groups ($r = 0.527$ to 0.622, $p < 0.01$), and negatively correlated with personal accomplishment (MBI_C) ($r = -0.240$ to -0.292, $p < 0.05$). Depersonalization was also negatively correlated with personal accomplishment, significantly in the administrative and total samples but not in the academic group. These inter-relationships are summarized in Tables 12 and 13.

Graph 6 provides a breakdown of reported musculoskeletal pain by body region. The most commonly affected areas were the neck (79 participants), lower back (73), and right shoulder (61). Other frequently reported areas included the left shoulder, upper back, and wrists/hands, emphasizing the physical strain experienced by participants.

In summary, while both burnout and musculoskeletal discomfort were present in the study population, no direct statistical association was found between them. The academic group reported significantly higher physical discomfort, suggesting the need for workplace interventions that address both mental and physical health separately yet simultaneously.

DISCUSSION

A multifaceted psychological reaction to ongoing work-related stress, burnout is frequently seen in occupations requiring a great deal of emotional work and accountability. Burnout has been repeatedly shown to be a serious side effect of ongoing professional stress in prior research, especially in fields like administration, healthcare, and education. Emotional exhaustion, depersonalization, and diminished personal accomplishment are the three main components of burnout that Maslach and Jackson (1981) identified. These three elements work together to create a progressive cycle of emotional tiredness and disengagement from one's work. This approach has been supported by numerous research, which demonstrate that people who are under a lot of stress at work are more likely to report feeling burned out (Schaufeli et al., 2009; Leiter & Maslach, 2004). One significant contributing element has been identified as the ongoing discrepancy between job needs and available resources, such as time, support, or autonomy.

The study participants' demographic profile provides crucial background information for evaluating the findings. Among the 155 participants in the study, academic (51%) and administrative (49%) professionals were distributed almost evenly. The workforce was primarily mid-career, with a mean age of 36.86 years. The majority of participants worked an average of 8.19 hours per day and had intermediate job experience (mean = 8.89 years). There was a modest M majority in the gender distribution (55.5%), which might be indicative of larger trends in the workforce in institutional settings. These demographic trends are in line with earlier research on burnout and occupational stress, which found that mid-career professionals frequently express increased susceptibility as a result of accrued duties and little prospects for career progression (Ahola et al.,

2006). Participants' reported working hours also correspond with thresholds frequently linked to increased levels of stress and exhaustion, highlighting the need of assessing both psychological and physical health in this demographic.

Administrative workers had a little higher mean score (81.63) than academic staff (74.51) when comparing MBI_A scores, which indicate emotional weariness; nevertheless, the difference was not statistically significant. This pattern implies that administrative positions might be linked to higher levels of emotional exhaustion, possibly as a result of monotonous work, strict deadlines, and little freedom. Academic professionals, on the other hand, might benefit from employment variety, intellectual stimulation, or student interaction even while they are under a lot of pressure to do well. These results are in line with other research showing that emotional tiredness levels in various professional occupations can be influenced by job control and perceived work worth (Leiter & Maslach, 2009).

Administrative personnel had a higher mean rank (81.99) than academic staff (74.16), according to an analysis of MBI_B scores, which measure depersonalization; nevertheless, this difference was not statistically significant. Because administrative occupations include repetitive, procedural activities and minimal interpersonal contact, depersonalization—which is defined by emotional detachment or a cynical attitude toward work—may be more noticeable and may result in a sense of alienation from goals or outcomes. On the other hand, academic positions frequently entail lively exchanges with peers and students, which could maintain a feeling of personal engagement and lessen feelings of disengagement. These findings are consistent with previous research that indicates depersonalization in administrative settings is mostly caused by job monotony and a lack of acknowledgment (Taris et al., 2005).

There was no statistically significant difference in the mean rankings of academic (78.74) and administrative (77.23) staff on the MBI_C subscale, which gauges personal accomplishment. This implies that the degrees of professional contentment or discontent may be similar for both groups. Even little differences are significant, though, since more burnout is linked to poorer personal success scores. While administrative staff may find satisfaction in task completion and organizational efficiency, academic professionals may find a sense of accomplishment in teaching outcomes or research work. The lack of a significant difference may suggest that systemic limitations and institutional pressures, including workload, recognition, or role ambiguity, may have an equivalent impact on both groups' views of success, which is consistent with findings from earlier research on burnout in the public sector (Bakker et al., 2000).

According to the CMDQ results, there was a statistically significant difference in the two groups' levels of musculoskeletal discomfort; academic staff reported higher levels of discomfort (mean rank = 85.54), while administrative personnel reported lower levels (mean rank = 70.16, $p = 0.033$). This suggests that academic workers might be more vulnerable to physical stress, most likely as a result of extended sitting, preparing for lectures, using computers, and not having proper ergonomic workspaces. As shown in Graph 6, the neck, lower back, and shoulders were frequently impacted. These results are consistent with earlier studies showing

a rise in musculoskeletal problems among desk-bound professionals and educators (Erick & Smith, 2011). Administrative positions, on the other hand, can require more varied tasks or sporadic movement, which could lessen long-term postural strain. This highlights how crucial posture education and ergonomic treatments are in educational settings.

Correlation analysis in this study explored the interrelationship among musculoskeletal discomfort (CMDQ) and the three dimensions of burnout—emotional exhaustion (MBI_A), depersonalization (MBI_B), and personal accomplishment (MBI_C). Notably, **CMDQ did not show any significant correlation** with any of the MBI subscales in either the academic or administrative groups, nor in the total sample. This finding suggests that although both physical discomfort and psychological burnout were present among participants, they may arise from **distinct stress mechanisms** and do not necessarily influence each other directly. However, strong and statistically significant **positive correlations were observed between MBI_A and MBI_B** in all groups ($r = 0.527$ to 0.622, $p < 0.01$), indicating that individuals experiencing higher emotional exhaustion are more likely to exhibit depersonalization. Similarly, **negative correlations between MBI_A and MBI_C** ($r = -0.240$ to -0.292, $p < 0.05$) were found, implying that as emotional exhaustion increases, feelings of personal accomplishment decrease. **MBI_B and MBI_C** were also negatively correlated, particularly in the administrative and total groups ($r = -0.245$ to -0.260, $p < 0.05$), reflecting that higher depersonalization is associated with lower professional fulfillment. These correlations align with the classical burnout triad described by Maslach and Jackson (1981), where the progression of burnout typically involves the depletion of emotional resources, development of negative or detached attitudes, and a decline in one's sense of competence and achievement. The **lack of significant correlation between CMDQ and burnout dimensions** suggests that physical discomfort, while important, may not be a reliable indicator of psychological burnout in isolation and should be evaluated separately in occupational health assessments.

The comparative analysis between academic and administrative groups revealed distinct patterns in both psychological burnout and physical discomfort. Although the differences in MBI subscales—emotional exhaustion (MBI_A), depersonalization (MBI_B), and personal accomplishment (MBI_C)—were not statistically significant, administrative staff consistently showed slightly higher levels of emotional exhaustion and depersonalization, whereas academic staff had marginally higher personal accomplishment scores. These trends suggest that administrative professionals may be more vulnerable to psychological burnout, possibly due to high workloads, repetitive duties, time pressures, and limited role autonomy. In contrast, academic roles, while mentally demanding, often offer opportunities for creative engagement, intellectual stimulation, and interaction with students, which may contribute to a stronger sense of purpose and professional achievement. However, the most notable and statistically significant difference between the two groups was observed in **musculoskeletal discomfort**, with academic staff reporting **significantly higher CMDQ scores** ($p = 0.033$). This disparity may be attributed to the sedentary nature of academic work, extended screen time, and static postures involved in teaching and research activities. Administrative roles may include more movement or diversified tasks, potentially reducing physical strain. Overall, these findings highlight the **need**

for role-specific occupational health strategies, addressing both psychological well-being in administrative personnel and ergonomic challenges among academic staff.

Assessing the distribution of musculoskeletal pain using a discomfort questionnaire adapted from the Nordic Musculoskeletal Questionnaire was a crucial part of this investigation. According to the findings, the most frequently impacted area was the neck (reported by 79 participants), which was followed by the right shoulder (61 participants) and lower back (73 participants). Additionally, many people felt pain in their hands and wrists, upper back, and left shoulder. These patterns are typical of people who spend a lot of time in static postures, particularly when they are sitting, using a computer, or reading—activities that are frequently done in classrooms.

The concentration of discomfort in the upper body is consistent with ergonomic research that shows that neck and shoulder illnesses are largely caused by poor workstation layout and a lack of postural variety (Kuorinka et al., 1987; Janwantanakul et al., 2008). The significant prevalence of discomfort in these areas, especially among academic staff, highlights the necessity of job diversity, mobility breaks, and workplace ergonomic assessments in order to lessen strain and support musculoskeletal health.

CONCLUSION

This study investigated the frequency of burnout and the connection between musculoskeletal pain and academic and administrative staff. Using a questionnaire based on the Nordic Musculoskeletal Questionnaire, academic professionals reported significantly higher levels of musculoskeletal discomfort, especially in the neck, lower back, and shoulders, even if burnout levels were not statistically different between the two groups. Burnout and physical discomfort did not significantly correlate, although there were strong inter-correlations among its components (emotional weariness, depersonalization, and decreased personal accomplishment). These results suggest that psychological and physical pressures may function independently, which emphasizes the necessity of dual-focused therapies that address academic staff ergonomics and administrative staff emotional well-being. Fostering a better, more productive institutional work environment requires addressing both areas.

LIMITATIONS AND FUTURE RECOMMENDATIONS

Limitations

- The study followed a **cross-sectional design**, which prevents establishing causal relationships between burnout and musculoskeletal discomfort.
- **Self-reported questionnaires** were used, which may have introduced response bias due to participants' subjective perceptions or social desirability.
- The research was conducted within a **single institution**, limiting the generalizability of the findings to other settings or populations.
- **Confounding variables** such as physical fitness, ergonomic conditions, chronic health conditions, and psychological resilience were not controlled for.

- The tools used (MBI and CMDQ), though validated, may not **capture the full complexity of occupational stress and discomfort** without complementary qualitative data.
- The study did not include **qualitative perspectives**, which could have provided richer insights into individual experiences of stress and discomfort.

Recommendations

- Conduct **longitudinal studies** to better understand the temporal relationship between burnout and physical discomfort.
- Include **larger and more diverse samples across multiple institutions** to improve external validity.
- Incorporate **qualitative methods** (e.g., interviews or focus groups) to gain deeper insights into personal and contextual factors influencing burnout and discomfort.
- Implement **ergonomic interventions**, such as adjustable furniture, posture training, and movement breaks, especially for academic professionals.
- Develop **burnout prevention programs**, including stress management workshops, peer support groups, and access to mental health resources.
- Tailor **interventions to specific job roles**, addressing both the physical and psychological demands unique to academic and administrative staff.
- Promote a **holistic occupational health model** combining physical ergonomics, organizational support, and mental wellness initiatives.
- Examine the influence of **organizational culture, leadership, and job satisfaction** in future studies as potential mediators in occupational stress outcomes.

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ANNEXURE-I

DEPARTMENT OF PHYSIOTHERAPY

TEERTHANKER MAHAVEER UNIVERSITY

Delhi Road, Moradabad - 244001

INFORMED CONSENT FORM

Study Title: The Impact of Occupational Stress and Burnout on Musculoskeletal Health in Academic and Administrative Personnel

Aim of Research: - The aim of this study is to explore the impact of occupational stress and burnout on the musculoskeletal health of academic and administrative personnel

Subject's Full Name-_____
Date of Birth/Age-_____
Address-_____

- I confirmed that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

OR

- I have been explained the nature of the study by the investigator and had the opportunity to ask questions.
- I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.
- I understand that the sponsor of the clinical trial/ project, others working on the sponsor's behalf, the ethics committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdrawal from the trial. However, I understand that my identity will not be revealed in any information released to third parties or published.
- I agree not to restrict the use of any data or result that arise from the study provided such a use is only for scientific purposes.

I agree to take part in the above study.

Signature (or thumb impression) of the subject / legally acceptable: _____

Date: _____

Name: _____

General Demographic Screening Form

Study Title: Impact of Occupational Stress and Burnout on Musculoskeletal Health

1. Personal Information

Name: _____ Age: ___ yrs Gender:_____

Marital Status: ☐Single ☐Married

Height: ___ cm Weight: ___ kg

2. Occupational Information

Designation: ☐Academic ☐Administrative ☐Other: _____

Department: _____ Years of Service: ___ yrs

Avg Working Hours/Day: ___ hrs

Primary Work Setting: ☐Desk ☐Field ☐Both

Main Tasks: ☐Teaching ☐Research ☐Admin/Clerical ☐IT

☐Leadership ☐Other: _____

3. Health & Lifestyle Information

Musculoskeletal Pain: ☐Yes ☐No

If Yes, Area(s): ☐Neck ☐Shoulders ☐Upper Back ☐Lower Back

☐Wrists/Hands ☐Knees ☐Other: _____

Diagnosed MSK Disorders: ☐Yes ☐ No — If yes, specify:

_____

Exercise (3x/week): ☐Yes ☐No

Smoking: ☐Yes ☐No Alcohol Use: ☐Yes ☐No

Chronic Medical Conditions: ☐Yes ☐No — If yes, specify: _____

Burnout Self-Test
Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout.

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

ANNEXURE-III

SCORING RESULTS – INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

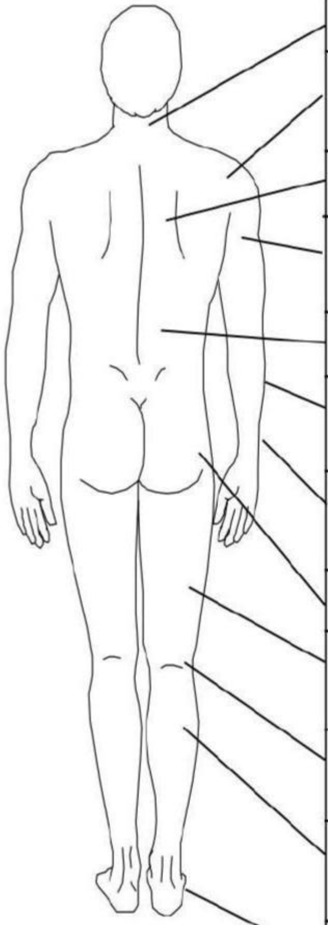
- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

***Note**: Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.*

C. Maslach, S.E. Jackson, M.P. Leiter (Eds.), Maslach Burnout Inventory manual (3rd ed.), Consulting Psychologists Press (1996)

The diagram below shows the approximate position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.



© Cornell University, 2003

		During the last work week how often did you experience ache, pain, discomfort in:					If you experienced ache, pain, discomfort, how uncomfortable was this?			If you experienced ache, pain, discomfort, did this interfere with your ability to work?		
		Never	1-2 times last week	3-4 times last week	Once every day	Several times every day	Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable	Not at all	Slightly interfered	Substantially interfered
Neck		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shoulder	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper Back		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper Arm	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower Back		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Forearm	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wrist	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hip/Buttocks		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thigh	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Knee	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower Leg	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Foot	(Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	(Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ANNEXURE-V

Musculoskeletal Discomfort Form

(Based on the Nordic Questionnaire (Kourinka et al. 1987))

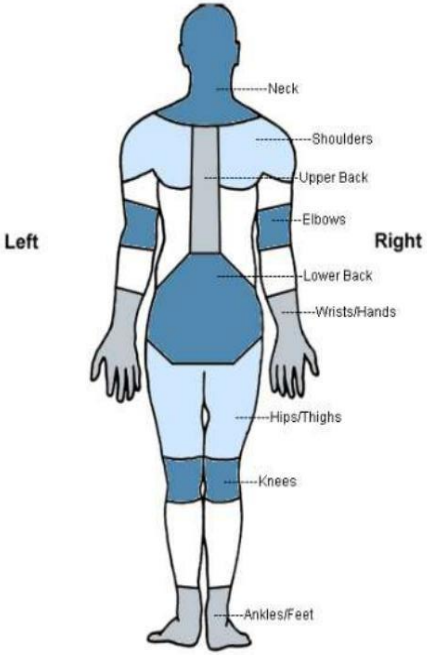
Employee ID:_____

Job/Position: _____ Gender: M F Age: _____ Height: ____ ft.____ in. Weight: _____

How long have you been doing this job? ___years ___ months How many hours do you work each week? _____

How to answer the questionnaire:

***Picture*:** In this picture you can see the approximate position of the parts of the body referred to in the table. Limits are not sharply defined, and certain parts overlap. You should decide for yourself in which part you have or have had your trouble (if any).



Back View

***Table*:** Please answer by putting an "X" in the appropriate box - one "X" for each question. You may be in doubt as to how to answer, but please do your best anyway. Note that column 1 of the questionnaire is to be answered even if you have never had trouble in any part of your body; columns 2 and 3 are to be answered if you answered yes in column 1.

To be answered by everyone	**To be answered by those who have had trouble**	
Have you at any time during **the last 12 months** had trouble (ache, pain, discomfort, numbness) in:	Have you at any time during the **last 12 months been prevented from doing your normal work** (at home or away from home) because of the trouble?	Have you had trouble at any time during **the last 7 days?**
Neck ☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Shoulders ☐ No ☐ Yes, right shoulder ☐ Yes, left shoulder ☐ Yes, both shoulders	☐ No ☐ Yes	☐ No ☐ Yes
Elbows ☐ No ☐ Yes, right elbow ☐ Yes, left elbow ☐ Yes, both elbows	☐ No ☐ Yes	☐ No ☐ Yes
Wrists/Hands ☐ No ☐ Yes, right wrist/hand ☐ Yes, left wrist/hand ☐ Yes, both wrists/hands	☐ No ☐ Yes	☐ No ☐ Yes
Upper Back ☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Lower Back (small of back) ☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
One or Both Hips/Thighs ☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
One or Both Knees ☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
One or Both Ankles/Feet ☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

ANNEXURE-VI

TMU
12-B Status from UGC

TEERTHANKER MAHAVEER UNIVERSITY
DEPARTMENT OF PHYSIOTHERAPY
(Established under Govt. of U.P. Act No. 30, 2008)
Tel.:+91-2360222, 2360777 · Fax: +91-591-2360077, 2487444, 2360444
Email: principal.physiotherapy@tmu.ac.in; Website: www.tmu.ac.in

Ref: -TMU/PT/2024-25/179 **Date: 02/05/2025**

To Whomsoever it May Concern

This is to certify that the under mentioned **BPT 4th year** students have undertaken a project work titled **"The impact of occupational stress and Burnout on Musculoskeletal Health in Academic and Administrative Personnel".** for partial fulfillment of requirement of the degree of BPT.
Kindly, allow them to collect the data for the same.

BPT 4th year Students:

1-Mr.Tanay Jain (TPT2103081)
2-Mr.Sumra Faheem (TPT2103080)
3-Ms.Tasmiya Fatma (TPT2103082)
4-Mr.Umar Abdullah (TPT2103083)

Guide Name – Mr. Ranjit Tiwari

02-05-2025

Shivanee M Kaul
Head
Department of. Physiotherapy

ANNEXURE-VII

S.No	NAME	AGE	GENDER	Role	YEAR OF SERIVES	AVG. WORKING HOUR	MSK PAIN	Diagnosed MSK	SECTIONA	SECTIONB	SECTIONC	CMDQSCORE
1	Prakash jha	30	M	administrative	10	8	yes	No	4	5	32	71.5
2	Rishi Saxena	37	M	academic	3	8	yes	No	19	16	25	116.5
3	Prabha devi	48	F	administrative	10	10	yes	No	6	14	48	120
4	Pankaj	45	M	administrative	28	10	No	yes	7	11	48	56
5	Pradeep kumar	35	M	academic	10	7	No	No	3	6	43	58
6	Dr. Paraj agrawal	41	M	academic	18	9	yes	No	10	8	30	75
7	Chandra bhushan kumar sinha	31	M	academic	2	8	No	No	6	3	39	54
8	Deepak	32	M	academic	8	8	yes	No	3	3	38	77.5
9	Nidhi yadav	27	F	academic	4	7	yes	No	25	16	36	72
10	Ammhi singh	41	M	administrative	14	8	yes	No	2	1	49	50
11	Pushpanjali singh	26	F	academic	3	8	No	No	12	1	30	49
12	Mehak	27	F	administrative	2.5	7	yes	No	12	10	42	115
13	Harjinder singh	39	M	academic	10	9	yes	No	10	5	4	97.5
14	Aatish jain	26	M	administrative	1	8	yes	No	2	17	20	144.5
15	Prabhakar	29	M	administrative	2	12	yes	No	5	3	37	84.5
16	Pankaj kumar	28	M	academic	3	8	yes	No	9	11	35	67
17	Sonu pal	26	M	academic	2	6	yes	No	21	21	21	74.5
18	Naman verma	26	M	academic	2	7	yes	No	16	15	46	134.5
19	Yogesh kumar	42	M	administrative	18	8	yes	No	3	1	48	78
20	Hritika singh	26	F	academic	1	8	yes	No	1	4	45	80
21	Muskan jain	26	F	academic	7	8	yes	No	26	15	35	113.5
22	Bajnath Das	41	M	administrative	8	8	yes	No	20	22	25	86.5

23	Dr. Kanchan	35	F	academic	14	9	yes	No	0	0	48	85.5
24	Navneet Kumar vishnoi	41	M	academic	15	8	yes	No	10	6	28	85.5
25	Aditya Jain	33	M	academic	12	8	yes	No	4	5	43	90
26	Avantika	26	F	academic	1	9	yes	No	17	5	48	64
27	DR. HINA HASHMI	34	F	academic	12	8	yes	No	19	26	20	77
28	Vratika	28	F	academic	2	8	No	No	12	11	48	57
29	ANJALI	25	F	administrative	2	7	yes	No	25	10	40	120
30	DR. PRIYANK SINGHAL	44	M	academic	19	8	yes	No	11	1	40	67
31	Saurabh Singh bisht	31	M	administrative	2	8	yes	No	27	26	19	95
32	ZARIM FAROQI	54	F	administrative	22	8	yes	No	11	27	18	70
33	Sharkar	26	M	academic	2	12	yes	No	18	7	42	83
34	ANSHIKA SRIVASTAVA	26	F	administrative	1.5	8	yes	yes	35	19	9	64
35	DR. NUPARAM CHAUHAN	45	M	academic	13	8	yes	No	29	21	23	81.5
36	DR. ANU CHAUHAN	23	F	academic	7	7	yes	No	10	2	10	106
37	KAMALDEEP KAUR	32	F	academic	6	8	yes	No	11	1	40	56
38	KARUNA CHAUHAN	27	F	academic	2.5	8	yes	No	27	22	25	100.5
39	DR NAMIT GUPTA	46	M	administrative	23	8	yes	No	7	11	35	76
40	SHIVMOHAN SINGH	29	M	academic	3	8	yes	No	7	10	43	64
41	DR. VERSHA RAJPUT	26	F	academic	2	8	yes	No	5	5	48	61
42	JYOTI	31	F	administrative	2.5	8	No	No	13	10	19	49
43	Pulkit raj saxena	38	M	academic	10	10	yes	No	25	23	38	47
44	Shalini Ninoria	36	F	academic	7	8	No	No	19	28	31	41
45	DR NAVNEET KUMAR	43	M	administrative	9	8	yes	No	26	20	22	63
46	Ruhela Naaz	32	F	administrative	7	8	yes	No	18	17	41	53
47	DR VIBHOR KUMAR BHARDWAJ	38	M	administrative	14	8	yes	No	1	9	43	70
48	Harjinder Singh	40	M	academic	10	9	No	No	21	25	37	51.5

49	NANDKISHOR SHAH	34	M	administrative	7	8	yes	No	22	29	17	55
50	RANJANA SHARMA	40	F	academic	10	9	yes	No	20	25	37	82.5
51	ARPIT SARASWAT	32	M	administrative	3	8	yes	No	23	16	39	60.5
52	AMMHI SINGH	41	F	academic	14	8	No	No	2	1	48	44
53	HIMANI RATHI	30	F	academic	8	9	yes	No	26	18	48	90.5
54	ALOK PARASAR	38	M	administrative	16	8	yes	No	35	26	16	75
55	REETA	25	F	administrative	1	8	yes	No	27	25	18	66.5
56	RUTU BHATT	30	F	academic	4	8	yes	No	23	24	16	71.5
57	AMIT SINGH	29	M	academic	12	10	yes	No	17	13	46	65
58	HARISH SHARMA	37	M	administrative	18	8	yes	No	26	27	20	66.5
59	SALEEM	39	M	administrative	15	9	No	No	19	20	26	55
60	SWATI CHAUHAN	30	F	academic	2	9	yes	No	20	5	48	58
61	SAMARPITA SENAPATI	31	F	administrative	6	8	yes	yes	2	2	13	60
62	RADHIKA	32	F	administrative	7	9	yes	No	19	8	37	114
63	NEELAM CHAUHAN	29	F	administrative	4.2	9	No	No	15	7	31	66
64	NIDHI SINGH	25	F	administrative	1	8	yes	No	17	19	44	42
65	MR. SATISH PRAJAPATI	33	M	academic	8	8	yes	No	12	7	17	43.5
66	JAPNEET KAUR	23	F	academic	1	8	yes	No	8	3	48	77
67	RISHI SAXENA	35	M	academic	8	10	yes	No	15	31	42	72.5
68	ROHAILA NAAZ	38	F	academic	10	8	yes	No	16	3	36	91.5
69	PRIYA SHARMA	29	F	administrative	4	8	yes	No	15	6	39	142.5
70	AJAY UPPADHAYA	46	M	academic	15	10	yes	No	16	16	44	63
71	SHIV SADAN PANDEY	28	M	administrative	3	8	yes	No	15	27	33	44.5
72	DR. SHUBHENDRA PRATAP SINGH	36	M	academic	8	8	yes	No	14	5	43	45.5
73	ARPIT SARASWAT	23	M	academic	1	8	yes	No	10	4	43	41.5
74	SHIVAM KUMAR	25	M	administrative	4	8	yes	No	20	17	33	53
75	SIDHI	38	F	academic	14	8	yes	No	27	35	34	76.5

76	NARPAT SINGH	37	M	administrative	1.5	8	No	No	13	4	40	43
77	Pawan kumar	33	M	administrative	7	8	yes	No	23	14	44	66
78	Sumit patel	41	M	academic	17	8	yes	No	21	14	32	58.5
79	Shruti saxena	31	F	academic	4	8	yes	No	12	18	42	54.5
80	Saloni sharma	37	F	administrative	10	8	yes	No	27	21	39	70.5
81	Vijay Chauhan	52	M	academic	23	8	yes	No	22	15	34	58.5
82	Dr. rajesh kumar	38	M	academic	13	8	yes	No	23	16	33	75
83	Naveen kulkarni	33	M	administrative	7	8	yes	No	27	22	25	95.5
84	Mohan reddy	43	M	administrative	14	8	yes	No	21	17	36	67
85	Sadhana jain	33	F	academic	7	8	yes	No	26	12	44	54.5
86	Seema agrawal	36	F	academic	9	8	No	No	12	8	43	50
87	Shalini desai	32	F	administrative	6	8	yes	No	24	22	32	64.5
88	Ankita Shrivastava	38	F	academic	16	8	yes	No	12	16	42	59.5
89	Priya joshi	31	F	administrative	6	8	yes	No	27	12	38	74.5
90	Poonam sharma	44	F	academic	8	8	yes	No	20	27	37	59
91	Renu	45	F	administrative	6	8	yes	No	32	30	28	50.5
92	Pawan	45	M	administrative	7	8	yes	No	33	30	44	55
93	Anjali Singh	42	F	academic	13	8	yes	No	27	18	29	94
94	Ajay	55	M	administrative	8	7	yes	No	29	25	43	46
95	Isha	44	F	administrative	20	8	yes	No	23	20	36	66.5
96	Veer singh	60	M	administrative	10	8	yes	No	20	31	42	48
97	Devendra Kumar	43	M	academic	18	8	yes	No	19	15	40	61
98	Sharib	56	M	academic	12	8	yes	No	30	32	41	49
99	Bharat saxena	38	M	administrative	12	8	yes	No	28	24	30	50.5
100	Lokesh yadav	28	M	academic	3	8	yes	No	23	21	38	58.5
101	DR. ANJALI MEHTA	45	F	academic	20	8	No	No	10	15	22	79
102	RAJESH KUMAR	52	M	academic	25	9	yes	No	2	29	45	48.5

103	Kriti Sharma	29	F	administrative	4	8	yes	No	13	8	44	68.5
104	DR. NEHA SHARMA	35	F	academic	8	8	yes	No	40	5	11	53.5
105	SUNITA REDDY	48	F	administrative	19	8	yes	No	7	23	37	60
106	Subham kumar	30	M	academic	4	8	yes	No	28	18	30	53
107	Subhash nagar	36	M	academic	13	8	No	No	23	21	40	59
108	SAMEER PATEL	29	M	academic	3	8	No	No	14	26	45	44
109	Pratik sha	31	M	administrative	6	8	yes	No	26	22	34	52
110	NITIN VERMA	37	M	administrative	12	9	yes	No	11	25	5	54
111	DR. POOJA SINHA	25	F	academic	3	8	No	No	9	35	12	44
112	Ritesh pal	38	M	administrative	12	8	yes	No	29	18	32	61.5
113	Rahul	57	M	administrative	8	7	yes	No	29	30	37	49
114	Nakul	65	M	administrative	10	8	yes	No	25	22	34	46.5
115	Aman	48	M	administrative	8	8	yes	No	24	32	41	47
116	Nazakat ali	50	M	administrative	9	8	yes	No	12	19	27	46
117	Minakshi	68	F	administrative	9	8	yes	No	24	20	28	42.5
118	Anas	46	M	administrative	8	8	yes	No	25	12	8	46
119	Hasan	68	M	administrative	8	8	yes	No	32	29	31	43.5
120	RAHUL MEHTA	50	M	administrative	25	8	yes	No	33	4	17	53.5

121	AISHA KHAN	34	F	administrative	6	8	No	No	18	11	32	44
122	DR. LILA SHARMA	39	F	administrative	20	8	yes	No	22	3	39	70
123	MEENAL JAIN	36	F	academic	8	8	yes	No	2	10	28	54
124	Monil Jain	32	M	administrative	5	8	yes	No	14	6	40	56.5
125	Urvashi Saxena	34	F	academic	1	8	yes	No	19	17	33	61.5
126	Dr. Anuradha	40	F	academic	20	8	No	No	8	8	23	51
127	Dr Ashish Singhai	42	M	administrative	4	9	yes	No	37	22	31	77
128	Pooja	26	F	academic	3	7	No	No	7	6	43	43
129	Armaan	32	M	administrative	15	9	yes	yes	42	45	10	112
130	Aman Saxena	30	M	administrative	2	15	No	No	32	37	23	104
131	Aditya Saini	29	M	academic	3	6	yes	No	39	27	27	137.5
132	Saiyam saxena	28	M	academic	2	12	yes	yes	15	23	21	160
133	Saksham Singh	32	M	administrative	6	8	No	No	4	2	48	40
134	Yash saini	31	M	administrative	5	6	No	No	26	38	38	93.5
135	Nitin	38	M	administrative	11	8	No	No	23	30	36	170.5
136	Tejasvini Bhatnagar	28	F	academic	5	6	No	No	12	29	38	231
137	Vishal agarwal	35	M	administrative	6	15	No	No	12	0	12	40
138	Umama Saleem	35	F	administrative	7	8	yes	No	16	20	33	126

139	Pratima Saraswat	35	F	administrative	8	6	No	No	11	4	8	40
140	Nasir	55	M	academic	15	8	yes	yes	3	3	42	105
141	Komal Nagar	29	F	administrative	4	8	yes	No	20	9	39	69.5
142	Amir	45	M	academic	10	8	yes	No	7	22	42	110.5
143	Ayush Gupta	26	M	administrative	6	12	No	No	0	0	0	45
144	Dr sheeba	45	F	academic	9	8	No	No	6	31	35	112
145	Sheetal	43	F	administrative	15	8	yes	yes	15	9	41	121
146	Dr aysha	35	F	academic	8	8	No	No	8	13	37	118
147	Subhanshu	58	M	academic	10	8	yes	No	9	12	42	105
148	Daniya Saleem	40	F	academic	2	8	No	No	1	0	19	50
149	Ajay tomer	37	M	administrative	11	8	yes	No	27	30	29	136
150	Nisha Mehta	44	F	administrative	18	8	yes	No	9	1	48	90
151	Vishnu Sharma	42	M	academic	5	8	No	No	16	4	0	131.5
152	Dinesh Dwivedi	52	M	administrative	23	6	No	No	26	4	45	66
153	Dr. Shraddha Mishra	52	F	administrative	24	8	yes	No	12	6	39	130.5
154	Shraddha Jain	40	F	academic	11	5	yes	No	5	0	38	137
155	Dr. Sandhya Mishra	38	F	academic	8	4	yes	No	2	9	48	102