



PROFESSIONAL BURNOUT IN SPEECH AND LANGUAGE THERAPY PRACTICE

PROFESIONALNO SAGORIJEVANJE U LOGOPEDSKOJ PRAKSI

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ABSTRACT

The “burnout” syndrome is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It is also referred to as a disease of the modern age. It most commonly occurs after an individual experiences emotional exhaustion and an inability to meet constant demands, leading to a loss of interest and motivation in their work. The profession of a speech and language therapist is considered a helping profession that can lead to burnout syndrome. The main aim of this research was to examine the level of professional burnout in speech and language therapy practice. The sample consisted of 69 speech and language therapists of both genders, employed in various institutions. The results showed that 31 therapists (44.8%) exhibited varying degrees of professional burnout, ranging from mild burnout to burnout requiring professional assistance, while 38 therapists (55.1%) showed no signs of professional burnout. No statistically significant difference in the level of professional burnout was found in relation to the gender of the therapists, but a statistically significant difference was found in relation to the age of the therapists. The results indicated that there is no difference in the level of professional burnout in relation to years of service, nor a statistically significant correlation between the level of professional burnout and the type of institution where the therapists are employed, working hours during the week, or the number of treatments conducted during the working day. Taking care of the mental health of speech and language therapists is a very important factor that contributes to the quality and efficiency of conducting speech and language prevention, assessment, diagnostics, and treatment.

Key words: burnout syndrome, speech and language therapists, speech and language therapy practice, mental health.

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SAŽETAK

Burnout“ sindrom ili sindrom izgaranja je stanje emocionalne, fizičke i mentalne iscrpljenosti uzrokovane pretjeranim i dugotrajnim stresom. Naziva se još i bolešću modernog doba. Najčešće se događa nakon što osoba osjeti emocionalnu iscrpljenost i nesposobnost ispunjenja stalnih zahtjeva, što dovodi do gubljenja interesa i motivacije u radu. Posao logopeda smatra se pomagačkom profesijom koja može dovesti do sindroma izgaranja/sagorijevanja. Glavni cilj ovog istraživanja bio je ispitati stepen profesionalnog izgaranja/sagorijevanja u logopedskoj praksi. Uzorak je činilo 69 logopeda, oba spola, zaposlenih u različitim ustanovama. Rezultati su pokazali da 31 logoped (44,8%) pokazuje različite stepene profesionalnog izgaranja/sagorijevanja, od blagog sagorijevanja do sagorijevanja kojem je potrebna stručna pomoć, dok 38 logopeda (55,1%) nije pokazalo znakove profesionalnog izgaranja/sagorijevanja. Statistički značajna razlika u stepenu profesionalnog izgaranja/sagorijevanja nije se pokazala u odnosu na spol logopeda, ali se statistički značajna razlika pokazala u odnosu na dob logopeda. Rezultati su pokazali da ne postoji razlika stepena profesionalnog izgaranja/sagorijevanja logopeda u odnosu na radni staž, kao ni statistički značajna povezanost između stepena profesionalnog izgaranja/sagorijevanja i ustanove zaposlenja logopeda, radnog vremena u toku radne sedmice i broja tretmana u toku radnog dana. Briga o mentalnom zdravlju logopeda veoma je važan faktor koji doprinosi kvaliteti i efikasnosti provođenja logopedske prevencije, procjene, dijagnostike i tretmana.

Ključne riječi: sindrom izgaranja/ sagorijevanja, logopedi, logopedska praksa, mentalno zdravlje

INTRODUCTION

The concept of burnout was first considered during the 1970s and was defined as a complex set of symptoms such as fatigue, exhaustion, and depression, primarily associated with the effects of daily negative tension in demanding and particularly stressful working conditions (Freudenberger, 1974, according to Ješić and Adamović, 2024).

According to the Croatian Speech and Language Pathology Association (HLD, 2025), speech and language therapists are professionals who work on the prevention, identification, diagnosis, and therapy of verbal and/or non-verbal communication disorders as well as oral-laryngeal function disorders in individuals of all age groups. They may perform their work in the healthcare system, social welfare, educational system, private practice, non-profit organizations, and research centers.

The profession of speech and language therapists is classified as a helping profession, alongside psychologists, physicians, social workers, social pedagogues, and educational rehabilitators, as these professions are oriented toward helping people solve their problems (Ajduković and Ajduković, 1996, according to Alduk, 2024).

In their desire to help others, professionals are often unaware of the negative consequences of their work, which may lead to the development of burnout syndrome, potentially impacting

the psychological and physical health of employees, thereby affecting the quality of services provided to users (Ajduković and Ajduković, 1996, according to Mudronja, 2019).

Individuals experiencing burnout are at risk for many negative outcomes, such as increased feelings of stress and emotional exhaustion, as well as a negative perception of the work-life balance. On the other hand, burnout syndrome may lead to psychophysical symptoms and the abandonment of one's current job or field of employment. Burnout syndrome refers to a set of physical and/or psychological symptoms of exhaustion caused by chronic emotional and interpersonal stressors in the workplace (Maslach et al., 2001, according to Mihajlović, Skopljak, Vaselić, and Partalo, 2023).

A review of the literature found that there is no available data on the prevalence of burnout syndrome in speech and language therapy practice in Bosnia and Herzegovina. Therefore, the aims of this research are to examine the level of professional burnout syndrome in speech and language therapy practice; to examine whether there is a difference in the level of professional burnout in relation to the gender of therapists; to examine whether there is a difference in the level of professional burnout in relation to the age of respondents; to examine whether there is a difference in professional burnout in relation to years of service of therapists; and to examine the correlation between the level of professional burnout and the institution of employment of therapists, weekly working hours, and the number of treatments conducted per working day.

RESEARCH METHODOLOGY

Sample of Respondents

The research included a sample of 69 speech and language therapists of both genders, female = 60; male = 9, employed in various institutions across Bosnia and Herzegovina. The age of the respondents ranged from 25 to 50 years, with the largest number of respondents aged 36 to 40 years (31.9%), followed by 20 respondents (29%) aged 25 to 30 years. Slightly fewer respondents, 16 (23.2%), were aged 31 to 35 years, while 6 respondents (8.7%) were aged 41 to 45 years. Only 5 respondents (7.2%) were aged 46 to 50 years. Taking into account the institutions of employment, 5 speech and language therapists (7.2%) are employed in preschool institutions, 29 therapists (42%) in school institutions, 15 therapists (21.7%) in healthcare institutions, 6 therapists (8.7%) in non- government organizations/associations, 7 therapists (10%) in private practice, 4 therapists (5.8%) in institutes/specialized institutions, while 3 therapists (4.3%) are employed in day centers for children and youth. Out of the total of 69 surveyed speech and language therapists, 25 (36.2%) have up to 5 years of work experience, 20 therapists (29%) have 6 to 10 years of work experience, 12 therapists (17.4%) have 11 to 15 years of work experience, 7 therapists (10%) have 16 to 20 years of work experience, while only 5 therapists (7.2%) have 21 to 25 years of work experience. Regarding weekly working hours, 5 (7.2%) speech and language therapists work part-time, 56 (81.2%) work full-time, while 8 (11.6%) work overtime.

Data Collection Procedure

The data were collected using a Google questionnaire, initially sent to the email address of the “Speech and Language Therapists Association of Bosnia and Herzegovina,” after which it was forwarded to the email addresses of the Association’s members. Before completing the demographic information and the questionnaire items, respondents were informed about the research procedure and assured of anonymity and the voluntary nature of participation. Completion of the questionnaire lasted between 5 and 10 minutes.

Measuring Instrument

For the purposes of this research, “The Burnout Checklist” (Hart, 2009) was used, translated and adapted into Bosnian, which measures the degree of professional burnout. The checklist consists of 20 statements rated on a five-point Likert scale: 1 – Little or no change; 2 – Just noticeable change; 3 – Noticeable change; 4 – Fair degree of change; 5 – Great degree of change. The overall results are classified into categories: 20–30 – no burnout; 31–45 – normal score; 46–60 – mild burnout; 61–75 – beginning of burnout; 76–90 – fairly pronounced burnout; 90 or higher – burnout requiring professional help.

Statistical Analysis

The data were processed using the statistical software SPSS 20.0. For individual variables, basic statistical indicators were calculated: arithmetic mean, standard deviation, minimum and maximum score, frequency of results. To test differences in specific variables, the t-test and analysis of variance were used, while Pearson's correlation coefficient was used to assess the correlation between variables. A statistically significant difference was considered at $p < 0.05$.

RESULTS AND DISCUSSION

Analyzing the frequency of results in Table 2, for almost all questions/statements the respondents indicated that they experience "little or no change" except for the first question, where the highest percentage referred to “noticeable changes,” while for all questions the lowest percentages referred to “fair degree of change” and “great degree of change”.

Table 2. Frequency distribution of results

Question	Little or no change	Just noticeable change	Noticeable change	Fair degree of change	Great degree of change
1. Do you become more fatigued, tired, or worn out by the end of the day?	4 5.8	11 15.9	22 31.9	21 30.4	11 15.9
2. Have you lost interest in your present work?	37 53.6	17 24.6	10 14.5	2 2.9	3 4.3
3. Have you lost ambition in your overall career?	38 55	13 18.8	13 18.8	2 2.9	3 4.3
4. Do you find yourself becoming easily bored (spending long hours with nothing significant to do)?	41 59.4	13 18.8	9 13	3 4.3	3 4.3
5. Do you find that you have become more pessimistic, critical, or cynical of yourself or others?	25 26.2	20 29	14 20.3	8 11.6	2 2.9
6. Do you forget appointments, deadlines, or activities and do not feel concerned about it?	41 59.4	15 21.7	7 10.1	6 8.7	- -
7. Do you spend more time alone, withdrawn from friends, acquaintances, or family?	30 43.5	16 23.2	13 18.8	7 10.1	3 4.3
8. Has your general level of irritability, hostility, or aggression increased?	30 43.5	14 20.2	16 23.2	7 10.1	2 2.9
9. Has your sense of humor become less obvious to yourself or others?	40 58	14 20.3	11 15.9	2 2.9	2 2.9
10. Do you become sick more easily (e.g., flu, colds, pain problems, ...)?	25 36.2	13 18.8	18 26.2	7 10.1	6 8.7
11. Do you experience headaches more than usual?	24 34.8	13 18.8	12 17.4	13 18.8	7 10.1
12. Do you suffer from gastrointestinal problems (stomach pains, chronic diarrhea, or colitis)?	30 50.7	10 14.5	13 18.8	7 10.1	4 5.8
13. Do you wake up tired and exhausted most mornings?	13 18.8	22 31.9	9 13	16 23.2	9 13
14. Do you find that you deliberately try to avoid people you previously did not mind being around?	30 43.5	13 18.8	14 20.3	9 13	3 4.3
15. Has there been a lessening of your sexual drive?	33 47.8	15 21.7	13 18.8	6 8.7	2 2.9
16. Do you find that you now tend to treat people as impersonal objects or with a fair degree of callousness?	42 60.9	9 13	9 13	7 10.1	2 2.9
17. Do you feel you are not accomplishing anything worthwhile in your work and that you are ineffective in making any changes?	36 52.2	14 20.3	9 13	8 11.6	2 2.9
18. Do you feel you are not accomplishing anything worthwhile in your personal life or you have lost spontaneity in your activities?	37 53.6	13 18.8	12 17.4	5 7.2	2 2.9
19. Do you spend much time each day thinking or worrying about your job or people, future or past?	23 33.3	15 21.7	11 15.9	13 18.8	7 10.1
20. Are you at the end of your tether, the point of breaking down or cracking up?	34 49.3	6 8.7	13 18.8	9 13	7 10.1

Table 3 presents the basic statistical indicators of the scaled result and the descriptive category of professional burnout. For the variable "Level of burnout/scaled result," the minimum response score was 20, while the maximum response score was 91, with an average of 43.20, corresponding to the descriptive category "normal result" (min = 1; max = 6; M = 2.35, SD = 1.19).

Table 3. Basic statistical indicators of variables describing the level of professional burnout

	N	MIN	MAX	AS	SD
Burnout level scaled result	69	20	91	43.20	16.21
Burnout level descriptive term	69	1	6	2.35	1.19
Total	69				

Table 4 presents the frequency of the levels of burnout syndrome among speech and language therapists. Out of a total of 69 surveyed therapists, 22 (31.9%) show no signs of burnout, while a "normal result" is recorded for 16 therapists (23.2%). Signs of mild burnout are present in 19 therapists (27.5%), the onset of burnout is identified in 10 therapists (14.5%), signs of burnout are evident in 1 therapist (1.4%), while signs of pronounced burnout requiring professional help are present in 1 therapist (1.4%).

Table 4. Frequency of levels of professional burnout syndrome among speech and language therapists

No burnout (20-30)		Normal score (31-45)		Mild burnout (46-60)		Beginning burnout (61-75)		Fairly pronounced burnout (76-90)		Burnout requiring professional help (90 or higher)	
N	%	N	%	N	%	N	%	N	%	N	%
22	31.9	16	23.2	19	27.5	10	14.5	1	1.4	1	1.4

A Canadian study conducted on 230 speech and language therapists found that 76% of professionals exhibited either moderate (26%) or mild (61%) sensitivity to burnout syndrome (Potter and Lagacé, 1995, according to Brito-Marcelino, Oliva-Costa, Palmeira Sarmiento and Andrade Calvarho, 2020). Speech and language therapists at high risk of burnout represented 9.2% of a sample of 101 healthcare professionals (Bruschini, Carli and Burla, 2018, according to Brito-Marcelino et al., 2020). In a cross-sectional study on a sample of 133 speech and language therapists, Khan, Saeed, Ahmed, Yousaf, Yaqoob, Ghayas Khan, Fatima, and Faridi (2022) concluded that 46.5% of therapists experience burnout. Given that speech and language therapists and special educators are professionals from helping professions, among 132 surveyed special educators, it was established that 4% suffer from significant burnout, 11% exhibit symptoms of significant burnout, and approximately 15% of respondents show mild burnout (Popov and Stefanović, 2016).

Table 5 shows the results of differences in burnout syndrome in relation to gender. The difference between male and female respondents was not statistically significant. Observing the arithmetic means, even though there is no statistically significant difference, female

respondents exhibited a slightly higher level of burnout compared to male respondents, which is to be expected considering the unequal number of male and female participants (female respondents/ $n=60$; male respondents/ $n=9$).

Analyzing the number of employed male speech and language therapists in international speech pathology associations, the average percentage of male professionals in the field is 5.8%, while in the United States, the percentage of male speech and language therapists is 3.7% (Campos, Skiados and Flynn, 2018).

Examining gender differences in job burnout across various professions, some studies show that women report higher levels of job burnout (Pines and Aronson, 1988; Toker et al., 2005, according to Artz, Kaya and Kaya, 2022), while others document higher burnout levels in men (Zani and Pietrantonio, 2021; Brake et al., 2003, according to Artz, Kaya and Kaya, 2022). However, there are findings indicating that there are no gender differences in burnout (Greenglass, 1991; Benbow and Jolley, 2002; Jawahar et al., 2007, according to Artz, Kaya and Kaya, 2022).

Table 5. Determining the difference in the level of burnout syndrome expression in relation to the gender of speech and language therapists

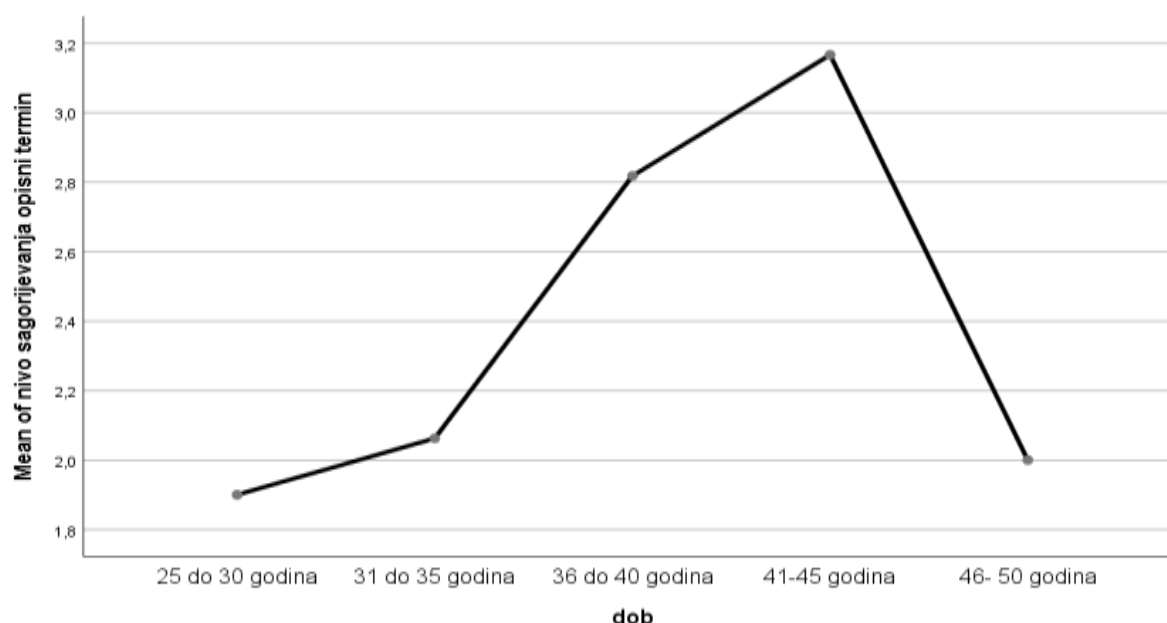
	Female		Male		Degrees of	t- test	p
	AS	SD	AS	SD	freedom		
BLSR	143.30	16.5	42.56	14.6	67	0.127	0.89
BLDT	2.35	1.2	2.33	1.0	67	0.039	0.96

Legend: BLSR-Burnout level scaled result; BLDT- Burnout level descriptive term

The results of the one-way analysis of variance shown in Table 6 indicate that there is a statistically significant difference in the level of burnout syndrome in relation to the age of speech and language therapists ($p = 0.03$). Post-hoc analysis (Scheffé test) revealed that older speech and language therapists exhibited a higher level of burnout syndrome compared to their younger counterparts. In this case, respondents aged 41 to 45 years demonstrated the highest level of burnout syndrome compared to other age groups (see Graph 1). Similar findings regarding the correlation between age and the level of burnout syndrome were reported by Severn, Searchfield and Huggard (2012), who, in their study on audiologists, noted that burnout syndrome is associated with age.

Table 6. Determining the difference in the level of burnout syndrome expression in relation to the age of speech and language therapists

Variable source of variability		Sum of squares of deviation	Df	Mean square deviation	F ratio	P sig.
Burnout level Descriptive term	Between groups	14.8	4	3.70	2.86	0.03
	Within groups	82.8	64	1.29		
	Total	97.652	68			



Graph 1. Difference in the level of burnout syndrome expression in relation to the age of speech and language therapists

The results of the one-way analysis of variance in Table 7 show that there is no statistically significant difference in the level of burnout in relation to work experience.

Table 7. Results of the one-way analysis of variance of the level of burnout in relation to work experience

Variable source of variability		Sum of squares of deviation	Df	Mean square deviation	F ratio	p
Burnout level Descriptive term	Between groups	9.16	4	2.29	1.658	0.171
	Within groups	88.48	64	1.38		
	Total	97.65	68			

Examining the mental health of speech and language therapists and the assumption that those with more years of professional experience demonstrate better mental health compared to those with fewer years of service, Alduk (2024) found no statistically significant difference between the level of positive mental health and length of service. Table 8 presents the correlation between variables describing the level of burnout and the type of workplace, weekly working hours, and the number of sessions conducted per day. The correlations were not found to be statistically significant.

Table 8. Correlation between variables describing the level of burnout and the type of workplace, years of professional experience, weekly working hours, and the number of therapy sessions per working day

		Institution	Weekly working hours	Number of therapy sessions per working day	Burnout level descriptive term
Institution	r	1			
Weekly working hours	r	-.156	1		
Number of therapy sessions per working day	r	-.432**	.151	1	
Burnout level descriptive term	r	-.186	.083	.103	1

The increased number of children with communication disorders and the needs of children with multiple difficulties lead to an increase in the workload, time demands, and various responsibilities of speech therapists, causing them to experience professional stress, burnout syndrome, and dissatisfaction with their work (Wisniewski and Gargiulo, 1997, according to Čečura, 2020). One of the factors that can increase the burnout syndrome among speech therapists is the rehabilitation process, which includes long periods of treatment (Galletta, Portoghese, Frau, Pau, Meloni, Finco, et al., according to Brito-Marcelino et al., 2020), as well as the success and failure of treatments, dealing with aggressive reactions and depressive symptoms from patients, as well as the pressure from patients' families for immediate results (Bruschini, Carli and Burla, 2018, according to Brito-Marcelino et al., 2020). Many speech therapists have a higher workload per hour than other professionals (such as physiotherapists), and are therefore more exposed to work-related risks, including burnout (Nogueira, 2007, according to Da Nóbrega and Barboza, 2014).

CONCLUSION

The results obtained from the study indicate that out of 69 surveyed speech and language therapists, a total of 31 therapists (44.8%) showed varying degrees of professional burnout, ranging from mild burnout to burnout requiring professional assistance, while 38 therapists (55.1%) did not show signs of professional burnout. Considering the age of the respondents, the majority of therapists were between 25 and 40 years old. This suggests that the surveyed therapists are relatively young, and symptoms indicating burnout syndrome do not predominantly emerge in speech therapy practice. However, therapists in the age group of 41 to 50 years demonstrated the highest degree of professional burnout, which is a logical outcome, as burnout tends to increase with age. Additionally, the fact that a larger number of therapists did not show signs of burnout can be attributed to the length of their professional experience, with the majority of respondents having been employed for up to 5 years. This relatively short time period is less likely to lead to the development of professional burnout. Nevertheless, regardless of the results, speech and language therapists should prioritize their

mental health and develop strategies to prevent burnout in the workplace. Future research should focus on stress-inducing factors that may affect the quality and efficiency of speech therapy work, as well as the emergence of professional burnout in speech therapy practice.

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