

THE SPEECH THERAPIST GETS SICK: BURNOUT SYNDROME AND HOSPITAL SPEECH THERAPY – A REVIEW

O fonoaudiólogo adoece: síndrome de Burnout e fonoaudiologia hospitalar – uma revisão

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ABSTRACT

The Burnout Syndrome is a chronic adaptive disorder that affects a wide range of professionals, especially health care, such as speech therapists. Characterized aspects among others, by emotional exhaustion, depersonalization and low personal accomplishment. This study aimed to verify, in the scientific literature, the occurrence of burnout syndrome in audiologists who work in hospitals. The methodological procedures used were national and international papers in the last 10 years, raised in electronic data bases indexed with the following keywords: Speech and Burnout, burnout and hospitals. Articles were identified only on the Burnout Syndrome and health professionals and noted that there is a dearth of information on the relationship Burnout Syndrome and Speech Therapy/ Speech, Language and Hearing Sciences. This insufficient production techniques related to the topic at hand is even greater when it is targeted to speech therapist who work in hospitals.

KEYWORDS: Burnout, Professional; Speech Therapy; Hospital Units

■ INTRODUCTION

The work has a fundamental role in human life, being relevant to forming identity and social integration. Thus, prospects concerning professional activity and its implementation are one of the factors of happiness involved in quality of life.

Continuous incremental changes in work have exercised an important influence on workers health¹. Professionals working in hospitals, such as speech therapists, are often faced with inadequate conditions, for example, double shifts, difficulty dealing with two jobs, extra tasks and low pay. These factors favor the development of Burnout Syndrome (BS) and other diseases related to work, such as depression¹.

Burnout Syndrome (BS) is recognized as an occupational hazard in professions that involve health care, education and human services, being a consequence of prolonged stress levels at work and involving emotional exhaustion, disaffection

of personal relations and a decreased feeling of personal accomplishment². Burnout usually takes years to develop, being more common in older workers with more years of experience and higher among newer professionals during their first years of work, because personal maturation, protection mechanisms and the selection of professionals of robust health with realistic goals and conservation of working strength occurs with increasing age³.

The imbalance in health of the speech therapist can lead to absenteeism, generating the need for health related assistance and the need, on the part of the institution or company to reposition and transfer employees. The quality of services rendered and production level can be affected². Regarding diagnosis, there are four theoretical conceptions relating to the possible etiology of the syndrome: clinical, sociopsychological, organizational and socio-historical. The most used in current studies is the sociopsychological concept. Here, the individual characteristics associated with the environment and the work would favor the emergence of a multidimensional factors syndrome: emotional exhaustion,

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Conflict of interest: non existent

emotional detachment (depersonalization), and low occupational achievement².

The research tool most used to measure Burnout is the Maslach Burnout Inventory (MBI). This is a tool of self-assessment of 22 items which measures three factors (exhaustion, depersonalization and personal fulfillment) of the above aforementioned syndrome. The exhaustion scale measures the frequency of when the professional feels overloaded emotionally by his work environment. The second measures the scale of depersonalization. A scale of personal fulfillment evaluates with what frequency the person interviewed experiences positive feelings of success and achievement at work⁴.

Some measures can be taken in order to avoid BS, such as: engaging in activities that bring enjoyment and relieve stress; taking at least thirty minutes every day to relax; avoiding taking on new patients if the hours of attendance are already full⁵.

Due to the difficulty of finding studies addressing the relationship of Burnout Syndrome to Speech Therapy and consequently to Hospital Speech Therapy, this research aims to contribute to the profession by presenting theoretical material that brings relevant information to the academic, professional and scientific world from a literature review on the subject. The objective of the study is, therefore, to verify in the scientific literature, the occurrence of burnout syndrome among speech therapists working in hospitals.

METHODS

The search of the literature was done from the database PUBMED, BIREME and SCIELO (2002-2012). Due to the dearth of relevant literature we chose it for comprehensiveness covering ten years of publications in this broad period that already had a shortage of literature dealing with Burnout Syndrome among health professionals, and even more so within Speech Therapy.

For the study were used descriptors (DESCs)—keywords to recovery of the scientific collection: “Burnout Syndrome”, “Burn out Syndrome”, “Speech Therapy” and “occupational stress”.

The search was performed following inclusion and exclusion criteria. How inclusion criteria were selected were as follows; original articles, published articles in Portuguese and English, which would discuss Syndrome Burnout, occupational stress and their relationship with Speech Therapy. Also were included a summary from the Library of Congress, three books (two e-books and one printed book) and a Masters dissertation; emphasizing that all research material was taken from searches of academics sites. Case studies were excluded

because no article was found dealing specifically with Speech Therapy, as well as articles that did not address Burnout Syndrome in a hospital setting.

LITERATURE REVIEW

45 articles were found using the aforementioned descriptors. Using the criteria of inclusion and of exclusion, 25 were selected; 20 articles were excluded because they were repetitive (referring to problems related to other professionals such as doctors and nurses) and did not have information about Burnout Syndrome. The contents of the selected articles will be presented below, in three sections: Burnout Syndrome (definition of the syndrome), Burnout and Occupational Stress (differentiation between both illnesses caused by stress), Burnout relating to hospital speech therapists (discussion of the reality of speech therapist work in hospitals and the indication of need for studies in the area).

Burnout Syndrome

Burnout Syndrome (hereinafter BS or simply Burnout) was discovered by American psychiatrist Herbert Freudenberg in the 1970's, when he published an article on psychology⁶. In English “to burn out” (burn completely); this syndrome is also known as professional exhaustion⁷.

BS is a condition characterized by emotional exhaustion, depersonalization and reduction of professional realization⁸. The first refers to feelings of emotional exhaustion and emptiness⁹. Depersonalization is a unique feature of BS, occurring when the professional takes a negative attitude especially with the patient, accompanied by anxiety, irritability and lack of motivation¹⁰. The decrease in job satisfaction is linked to feelings of reduced competence and success at work⁹.

The definitions of BS can also be grouped in four points of view: i) clinical (exhaustion derived from excessive work, in which the professional ceases to care even about his own needs); ii) socio-psychological (the professional can no longer give attention to patients); iii) organizational (arising from repetitive work, stressful and frustrating); and iv) socio-historical (when social conditions do not allow freedom to help others)¹¹.

BS can be caused by internal and external factors. Interns refer to high levels of ambition, perfectionism, a strong need for recognition, the constant need to help others, suppression of their own needs; hard work, overestimation of self-leading to overload. External factors relate to the great demand for work, problems of leadership and collaboration; contradictory instructions; pressure

from time and superiors; bad work environment; lack of opportunities; difficulties in communication among employees and employers; hierarchy problems, lack of positive feedback, clarity about rules and freedom to make decisions¹².

The development of BS stems from a gradual process of decline in mood and motivation¹³ accompanied by symptoms, psychosomatic disorders (migraine, insomnia, gastritis, diarrhea, hypertension and palpitations), behavioral (absenteeism, isolation, mood swings and violence) and emotional (impatience, anxiety, feelings of helplessness, loneliness and alienation, desire to leave employment, reduction of work performance and low self-esteem)¹⁴.

The progress of this syndrome may also occur in four degrees: the first refers to lack of enthusiasm and willingness to go to work, along with back pain. Usually when you ask the professional what he has, the answer is "I do not feel well, and do not know what I have." In the second degree, the interpersonal relationship decreases, increasing the defects, the desire for change of employment and feelings of persecution. In the third degree, work capability decreases, the psychosomatic symptoms emerge and the ingestion of alcohol increases, in cases when the person uses alcohol. In last degree, there may be suicide attempts, alcoholism, drug addiction and more serious diseases like cancer and cardiovascular accidents⁹. Burnout can still have as consequences: isolation, divorce, and increase in the number of absences at work (as a means of relief), change of sector within the work site, low productivity and occupational accidents¹⁵.

BS can be evaluated by means of a questionnaire, the MBI (Maslach Burnout Inventory), being the most used, which is informative, containing 22 items relating to emotional disorders, depersonalization and professional achievement. There have been no reports of proven tool on the market for the evaluation of institutional burnout. In general, incidences proven by testing the individual health of the professional to verify the occurrence of the syndrome¹⁵.

The treatment of BS covers psychotherapy, pharmacological treatment and psychosocial intervention. In pharmacology there are antidepressants and / or anti-anxiety drugs available, according to the severity of symptoms. With psychosocial interventions, the physician has the duty to ascertain absence from work in order to begin treatment⁹.

According to a document from the Ministry of health⁹ a program is needed to prevent BS through changes in work organization, reducing labor intensity and competitiveness, as well as collective goals in seeking the wellbeing of each professional⁹.

Burnout and Occupational Stress

The workers are subject to working conditions that can cause suffering, emotional tension, dissatisfaction, irritation, insomnia, early aging, cardiovascular diseases, chronic fatigue, stress and Burnout Syndrome¹⁶, besides diabetes and sleep disorders¹⁷.

Although they are both caused by work, Burnout and occupational stress are different. Burnout is the consequence of a prolonged process of attempts to deal with certain stressful situation¹⁸, involving attitudes and negative conduct related to patients, organization and work. Stress relates to a decline and interference with personal life of the individual and is not necessarily work related¹⁹.

Stress can be seen as a determinant of burnout, but is not equivalent, because this does not derive only from stress itself (which may be inevitable in professional healthcare). Thus, BS is not an event but a process and, despite sharing two characteristics (emotional exhaustion and decline in personal accomplishment). Burnout and occupational stress diverge with the factor of depersonalization¹⁸.

Nowadays, stress is considered one of the major health problems. In a hospital environment, due to excessive work hours that cause tiredness, loss of concentration, reduction in work efficiency and physical and emotional wear, this problem becomes more evident²⁰. Studies indicate that health area workers have the highest rates of use of psychoactive substances and suicide than other professionals, besides elevated indexes of depression and anxiety linked to work stress²¹.

Occupational stress can be understood as a process in which the individual perceives the demands of work as stressful, being overloaded with work one of main contributors to stress. This can be in quantitative (when the number of tasks surpasses the availability of the professional) and qualitative (when the work makes demands that are beyond his competence)²².

Common stressors in individuals working in health are long hours and shift work, ambiguity of roles, and exposure to infectious and dangerous substances²¹. In addition to interpersonal problems with those who provide direct care to patients' concerns and institutional demands¹⁰.

When occupational stress begins to settle in, the individual comes to perceive his work environment as threatening and harmful, damaging in this way his personal and professional fulfillment, his physical or mental health, as well as his interaction with work itself¹⁶.

Some authors say that stress has three phases. In the first the individual is more considerate, productive and motivated, identifying the danger. In the second phase he exhibits greater vulnerability to

risk agents, almost exhausted, oscillating between emotional balance and imbalance with a predisposition to develop physical infirmities (gastritis, arterial hypertension). The third phase is exhaustion and the end of resistance, preludes to the appearance of illness¹⁶. Also occurring in this final phase, damage to the thought process of the individual in which his primary goal becomes to survive and get rid of everything that causes suffering, giving rise to chronic stress²³.

The genesis of Burnout results from this chronic stress, directly affecting task performance, interpersonal relationships, productivity and quality of work life²⁴. Thus, the individual is weakened due to energy invested against stressors, which can lead to work deficiencies, and especially in relation to others, the latter being the main factor in the diagnosis of Burnout²³. BS implies desensitization to the people with whom one works, including patients, while occupational stress is a varied depletion that, generally, interferes with the personal life and work of the individual¹⁸.

Burnout and Hospital Speech Therapists

Hospital Speech Therapy is a new area and that works with patients of all age groups (with newborns as well as the elderly), taking intensive action, pre and post - surgical, offering inclusive technical backing and practicing as part of a multidisciplinary team where it operates. This professional can work in outpatient clinics, Intensive Care Units (ICU), Intermediate Care Units (IMCU) neonatal, adult general, infirmary and having as his principal objectives evaluation, establishment of prognosis, participation in the decision regarding the type of diet, guidelines pre and post- surgical, besides the type of probe to be used when it becomes necessary²⁵.

This area of speech therapy requires professional knowledge of other medical specialties and rehabilitation, such as neonatology, pediatrics, otolaryngology, neurology, pneumonology, gastroenterology, cardiology, geriatrics, radiology, occupational therapy, physiotherapy, nutrition, nursing and pharmacology, among others²⁵.

Speech Therapy, being a profession that cares for others, finds itself subject to long working hours (often working two or three shifts), excess tasks, lack of autonomy, a physical environment unsuitable to the job and low pay. These factors undermine the professional, leading him to render services mechanically, without the time to expand his knowledge, skills and abilities¹⁰.

President Dilma Rousseff vetoed the entire House bill No. 119/2010, which deals with the establishment of the working day to a maximum of 30 hours a week for speech pathologists (sp). This is the fight of sp seeking equal rights among professionals in the area of health and, consequently, improvement in the quality of patient care that comes with reduction in the hourly work load. Many speech therapists have an hourly load exceeding that of other professionals (such as physiotherapists), thus being more exposed to occupational hazards, including Burnout¹⁴.

It is known that if Speech Therapy treatment in the hospital environment is daily and, many times, prolonged it propitiates greater proximity with the patient and his family. These professionals are more vulnerable to occupational stress and BS, due to the responsibility to the patient and / or his family, which consumes them emotionally, as well as personal problems, lack of support staff, low pay, excessive work demands, organizational difficulties, constant psychological demands, living daily with disease, suffering and death¹⁰. Besides these factors, there is difficulty with promotions, risk exposure, difficult and problematic patients, reduced participation in organizational decisions, lack of suitable places for work breaks and competition problems in the work environment¹⁵.

The hospital environment has a complex structure built around the patient, undervaluing the working conditions of health professionals, who stay exposed for long periods in situations requiring high emotional involvement¹⁴.

CONCLUSION

The literature consulted contributed to a deepening understanding regarding BS and Occupational Stress. It was noted that most of the articles referred to the health problems of nurses and doctors, and since there were no articles that related with Speech Therapy, it was necessary to adapt the existing literature.

In the above sense, health professionals, including speech therapists, because of their work activities, need to be aware of their physical and mental health, because they depend on these factors to keep up the quality of care.

With this study, it is necessary to conduct more research concentrating on BS and Speech Therapy, but it also should extend (beyond Nursing and Medicine) to studies on multidisciplinary team working in hospitals.

RESUMO

A Síndrome de Burnout é um transtorno adaptativo crônico que acomete uma gama variada de profissionais, principalmente os da área da saúde, como os fonoaudiólogos. Caracteriza-se, entre outros aspectos, por cansaço emocional, despersonalização e baixa realização pessoal. Esse estudo objetivou verificar, na literatura científica, a ocorrência da Síndrome de Burnout em fonoaudiólogos que atuam no âmbito hospitalar. Os recursos metodológicos utilizados foram artigos nacionais e internacionais dos últimos 10 anos, levantados nas bases de dados eletrônicas indexadas, com as seguintes palavras chave: Fonoaudiologia e Burnout; esgotamento profissional e unidades hospitalares. Foram identificados apenas artigos sobre a Síndrome de Burnout e profissionais da saúde e notou-se que há uma escassez de informações sobre a relação Síndrome de Burnout e Fonoaudiologia. Essa insuficiência de produções técnicas relacionadas ao tema em pauta é ainda maior quando é direcionada aos fonoaudiólogos que atuam em hospitais.

DESCRIPTORIOS: Esgotamento Profissional; Fonoaudiologia; Unidades Hospitalares

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Received on: March 28, 2013

Accepted on: August 31, 2013

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