
The Incidence of Professional Burnout Among Canadian Speech-Language Pathologists

L'incidence d'épuisement professionnel chez les orthophonistes du Canada

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Abstract

Canadian speech-language pathologists who are members of the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) were surveyed to determine the frequency and severity of professional burnout and related factors. Of two hundred thirty questionnaires completed, a 72% return, 76% (N=175) revealed the SLPs were experiencing either a mild or moderate degree of burnout. Five factors were significantly related to burnout ($p < .05$): gender, caseload size, effect on personal life, job satisfaction, and job effectiveness. Most respondents indicated they were managing burnout by confronting its possible sources in the work place.

Abrégé

Des orthophonistes canadiens qui sont membres de l'Association canadienne des orthophonistes et audiologistes (ACOA) ont fait l'objet d'un sondage sur la fréquence et l'intensité de l'épuisement professionnel et les facteurs associés. Deux cent trente sondés ont retourné leurs questionnaires remplis, ce qui représente un taux de réponse de 72 p. cent. De ce nombre, 76 p. cent (N=175) ont signalé un épuisement professionnel léger à modéré. Cinq facteurs étaient associés de façon significative à l'épuisement ($p < 0, 05$), soit le sexe, le nombre de cas traités, les répercussions sur la vie privée, la satisfaction à l'égard de l'emploi et l'efficacité professionnelle. La plupart des répondants ont affirmé tenter de résoudre leur problème à la source, dans le milieu de travail.

The purpose of this survey was to identify the incidence of professional burnout among Canadian speech-language pathologists (SLPs). In this article, *professional burnout* is defined as "a state of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feeling for clients" (Maslach, 1976). It has been well documented in the fields of health, mental health, college student personnel, adminis-

tration (McDermott 1984), teaching (Hock, 1988; Scriven, 1979), social work, counseling psychology (Maslach, 1976), American speech-language pathology (Miller & Potter, 1982) and audiology (Potter, Hellesto, Shute & Dengerink, 1988).

Burnout, which occurs at the individual level, is an internal psychological experience involving feelings, attitudes, motives, and expectations (Hock, 1988). It is precipitated by constant or repeated emotional pressure associated with intense involvement with people over long periods of time (Pines et al., 1981). It cuts across demographic characteristics, affecting people regardless of age, sex, length of time on the job, marital status, number of dependents, and number of hours worked per week (McDermott, 1984).

In the field of speech-language pathology, limited consideration has been given to the incidence of professional burnout, although its occurrence could deleteriously affect the profession along with the personal and professional lives of speech-language pathologists. A survey of American speech-language pathologists (Miller & Potter, 1982) revealed that 43% of their sample (N=135) was experiencing moderate to severe burnout, while 36% were demonstrating mild symptomatology. Twenty-one percent of all respondents indicated that their jobs had created a negative impact on their private lives, and 78% of the moderate-severe burnout group noted their personal existence had been negatively affected by professional status. Seventy-nine and 60%, respectively, of that same group expressed job dissatisfaction and job ineffectiveness. The degree of burnout was highly correlated with limited provisions for preventing and coping with burnout.

A survey of public school SLPs (Pezzie & Oration, 1991) indicated that three underlying factors related to job satisfaction: supervision, workload, and co-workers. Being supervised by individuals who held a degree within the field

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correlated highly with job satisfaction, as did satisfaction with co-worker relationships and camaraderie among clinicians. The feeling of having an excessive caseload and insufficient time or help to accomplish the job correlated highly with job dissatisfaction. These findings supported earlier work by Miller and Potter (1982).

The present study attempted to investigate the incidence of professional burnout among Canadian speech-language pathologists. The research questions asked were: a) To what degree was professional burnout occurring within the field of speech-language pathology in Canada, and b) If it was occurring, what were the variables accompanying the phenomenon?

Method

Subjects

Subjects were identified through a randomly-selected sample of 327 Canadian speech-language pathologists who were members of the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) as of March, 1992. The number of subjects surveyed per province was proportionate to the total number of CASLPA members currently working within each area (See Table 1).

Table 1. Surveys mailed out, distributed across ten provinces and two territories.

Province/Territory	# Surveyed
Ontario	96
British Columbia	62
Alberta	57
Quebec	21
Manitoba	18
Nova Scotia	15
Saskatchewan	12
Prince Edward Island	12
Newfoundland	12
Northwest Territory	4
Yukon Territory	6
Total =	327

Procedure

Of the 327 questionnaires mailed, nine were returned due to address problems. Of the remaining 318 surveys, 230 were completed, resulting in a 72% response rate. Since speech-

language pathologists, who have similar backgrounds in academic and clinical preparation, may be considered a fairly homogeneous group, and other legitimate selection criteria were observed, the number of completed surveys was considered representative (Venery & Shiavette, 1986).

Data were collected through a 21-item anonymous questionnaire, consisting of 19 forced-response and two open-ended questions. The open-ended questions invited respondents to give further reasons for their burnout or to comment on steps taken to alleviate it (Miller & Potter, 1982). Factors such as job setting, number of years in the field, academic degree held, caseload size, and type and severity of client impairment were examined. Respondents were also asked to rate their working relationships with colleagues and clients, the impact of the profession on private life, overall job satisfaction, and feeling of success on the job (See Appendix A).

A survey, with a return address, stamped envelope, and a cover letter explaining the nature of the project, were sent to the subjects from each of the 10 provinces and two territories. Respondents were asked to complete the survey, based upon a general agreement with the definition of burnout as stated by Maslach (1976): "A state of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feeling for clients."

Within two weeks of mailing the initial packet, a reminder was sent. The respondents were given a month to return the completed surveys. Anonymity was maintained for all respondents.

Results

The salient question in the survey requested respondents to identify to what degree they were experiencing professional burnout. Four categories (severe, moderate, mild, and no burnout) were used to describe severity. Since only two respondents reported experiencing severe burnout, that category was combined with "moderate" and the remaining three categories were analyzed. Of the 76% (N=175) who had incurred professional burnout, 26% (N=61) and 50% (N=114) experienced moderate and mild burnout respectively. The remaining 24% (N=35) reported no burnout (See Table 2). To determine what variables were accompanying the burnout phenomenon, the remaining questions in the survey were compared to the severity ratings, using a chi-square analysis.

Table 2. Response to question: "To what extent do you consider yourself experiencing professional burnout, as previously defined?"

Degree of Burnout	Cumulative		Cumulative	
	Frequency	Frequency	%	%
Moderate	61	61	26.5	26.5
Mild	114	175	49.6	76.1
No Burnout	55	230	23.9	100.0
N = 230				

Work Setting

Thirty-nine percent (N=90) of the respondents worked in public schools, 31% (N=71) in hospitals/clinics, 15% (N=35) in health units, 2% (N=5) in institutions, 1% (N=2) in private clinics, 1% (N=2) in educational training, and 11% (N=25) reported working in other situations. A non-significant relationship was found between area of work and severity of burnout ($X^2 = 15.349$; df 12, $p = .223$).

Gender

Ninety-three percent (N=214) of the respondents were female and 7% (N=16) were male. All males and 75% (N=158) of the females in the sample experienced some degree of burnout. A significant relationship existed between degree of burnout and gender ($X^2 = 9.559$; df 2, $p = .008$) (See Table 3).

Table 3. Degree of burnout by sex.

		Female	Male	Total
Moderate	N	55	6	61
	%	24.02	2.62	26.64
Mild	N	103	11	114
	%	44.98	4.80	49.78
No Burnout	N	54	0	54
	%	23.58	0.00	23.58
Total	N	212	17	229
	%	92.58	7.42	100.0
Frequency Missing = 1				
Statistic		DF	Value	Prob
Chi-Square		2	5.668	0.059
Likelihood Ratio Chi Square		2	9.559	0.008

Career Source and Preparation

Twenty-eight percent (N=64) of the group initiated their careers in other professions and 72% (N=166) began in

communication disorders. Eighty percent (N=184) of the group had either master's or doctoral degrees, 16% (N=37) had bachelor's degrees and 4% (N=9) had other levels of training (i.e., most indicated British certification). No significant relationship existed between degree held and severity of burnout ($X^2 = 7.656$; df 4, $p = 1.05$).

Time in the Field

The "number of years in the profession" responses were collapsed into four categories. Twenty-four percent (N=55) of the respondents had been in the field four years or less, 27% (N=62) five to nine years, 27% (N=62) 10 to 14 years, and 22% (N=51) for 15 years or more. No significant relationship existed between number of years in the field and degree of burnout ($X^2 = 11.148$; df 6, $p = .084$).

Caseload Size

Twenty-five percent of respondents (N=58) had caseloads between one and 15; 42% (N=97) between 16 and 30; 18% (N=41) between 31 and 45; and 15% (N=35) 46 or more. Caseload size increased with severity of burnout (See Table 4). Forty-four percent (N=27) of the moderate burnout group served caseloads of 32; 32% (N=36) of the mild group had caseloads larger than 31. Of the no-burnout group, 21% (N=12) managed caseloads of larger than 31. A significant relationship was found between caseload size and degree of burnout ($X^2 = 18.098$; df 8, $p = .021$).

Table 4. Degree of burnout by caseload size.

		1-15	16-30	31-45	46-60	60 or more	Total
Mod.	N	13	21	18	2	7	61
	%	5.80	9.38	8.04	0.89	3.12	27.23
Mild	N	23	52	20	8	8	111
	%	10.27	23.21	8.93	3.57	3.57	49.55
NBO	N	21	20	3	3	5	52
	%	9.38	8.93	1.34	1.34	2.23	23.21
Total	N	57	93	41	13	20	224
	%	25.45	41.52	18.30	5.80	8.93	100.00
Frequency Missing = 6							
Statistic		DF	Value	Prob			
Chi-Square		8	18.098	0.021			
Likelihood Ratio Chi-Square		8	18.581	0.017			

The severity of impairment of clients on caseload responses were collapsed into two main groups, moderate and severe. Very few respondents reported having mild cases. Seventy-three percent (N=168) of the respondents

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reported a moderately impaired caseload, while 27% (N=62) reported one severely impaired client. Severity of client impairment was not significantly related to degree of burnout ($X^2 = .718$; df 2, $p = .699$).

Client Contact

Sixty nine percent (N=159) of the respondents worked primarily one-on-one clinically; 15% (N=35) spent the majority of their time with group therapy, and 16% (N=37) functioned basically in a consultative role. No significant relationship existed between degree of direct client contact and degree of burnout ($X^2 = 3.241$; df 4, $p = .518$).

Type of Impairment

The majority (75%, N=173) of speech-language pathologists in the survey managed clients predominantly presenting language impairments. Twenty percent (N=58) worked most often with articulation disorders, and 5% (N=11) noted voice and fluency cases as representing the bulk of their caseloads. Type of client disorder did not have a significant relationship with severity of burnout ($X^2 = 3.599$; df 6, $p = .731$).

Relationship With Colleagues and Clients

Fifty-two percent (N=120) of the respondents reported having "very good" working relations with colleagues; 36% (N=83) reported good relations; and 12% (N=28) reported "average" interaction. Fifty percent (N=31) of respondents in the moderate burnout category reported having very good relations with colleagues. Fifty-two percent (N=91) of the combined mild and moderate groups listed very good relations with clients, and 43% (N=75) reported good client relations. Remarkably, 95% (N=166) reported good to very good working relationships with their clients. Relationship with colleagues was not significantly related to degree of burnout ($X^2 = 6.832$; df 4, $p = .145$). Likewise, respondents noted very good relations with clients regardless of degree of burnout ($X^2 = 4.342$; df 4, $p = .362$).

Paperwork

Although it had been expected that the percentage of time devoted to paperwork would be significantly related to degree of burnout, no such finding was observed ($X^2 = 11.767$; df 8, $p = .162$).

Personal Lives

Thirty-three percent (N=76) of all respondents reported their jobs had a less than positive (i.e., "somewhat positive", or "negative") impact on their personal lives. Thirty-six percent (N=22) of the moderate burnout group reported their private

lives had been negatively affected by the profession, whereas in the no-burnout group, no one noted that impression. Degree of burnout was shown to have a significant effect on respondents' personal lives ($X^2 = 59.092$; df 6, $p = .000$) (See Table 5).

Table 5. Degree of burnout by effect on personal life.

		Very Positive	Positive	Somewhat Positive	Negative	Total
Moderate	N	6	15	17	21	59
	%	2.63	6.58	7.46	9.21	25.88
Mild	N	13	69	23	9	114
	%	5.70	30.26	10.09	3.95	50.00
NBP	N	16	35	4	0	55
	%	7.02	15.35	1.75	0.00	24.12
Total	N	35	119	44	30	228
	%	15.35	52.19	19.30	13.16	100.00

Frequency Missing = 2

Statistic	DF	Value	Prob
Chi Square	6	59.092	0.001
Likelihood Ratio Chi-Square	6	0.994	0.001

Job Satisfaction

Eighty-five percent (N=52) of the moderate burnout group described various levels of satisfaction with their jobs: 37% (N=23) were "somewhat satisfied", 23% (N=14) were "somewhat dissatisfied", and 25% (N=15) were dissatisfied. Ninety-six percent (N=53) of the no-burnout group were satisfied or very satisfied with their jobs. A strong significant relationship was found between severity of burnout and job satisfaction ($X^2 = 123.838$; df 8, $p = .000$) (See Table 6).

Table 6. Degree of burnout by job satisfaction.

		Very Satisfied	Somewhat Satisfied	Somewhat Satisfied/Dissatis	Dissatis	Total
Moderate	N	0	9	22	14	15
	%	0.00	3.93	9.6	6.11	6.11
Mild	N	9	61	39	4	1
	%	3.93	26.64	17.03	1.75	0.44
NBO	N	19	34	1	1	0
	%	8.30	14.85	0.44	0.44	0.00
Total	N	2	104	62	19	16
	%	12.23	45.41	27.07	8.30	6.99

Frequency Missing = 1

Statistic	DF	Value	Prob
Chi-Square	8	125.838	0.001
Likelihood Ratio Chi-Square	8	131.948	0.001

Job Effectiveness

Within the moderate burnout group, 20% (N=12) felt ineffective at work and 70% (N=43) perceived themselves less than effective; 50% (N=31) were somewhat effective

and 20% (N=12) "ineffective". Of the mild burnout group, 46% (N=52) noted themselves less than effective on the job; 42% (N=48) were "somewhat effective", 4% (N=4) were "ineffective". All members of the no-burnout group identified their status as either "somewhat effective", "effective", or "very effective". The respondents' reports of job effectiveness were significantly related to degree of burnout ($X^2 = 40.454$; $df 5$, $p = .000$) (See Table 7).

Table 7. Degree of burnout by feeling of job effectiveness.

		Very Effective	Somewhat Effective	Effective	Ineffective	Total
Moderate	N	6	12	31	12	61
	%	2.6	5.2	13.54	5.24	26.64
Mild	N	7	54	48	5	114
	%	3.0	233.58	20.96	2.18	49.78
NBO	N	12	38	14	0	54
	%	5.24	12.23	6.11	0.00	23.58
Total	N	25	94	93	17	229
	%	10.92	41.05	40.61	7.42	100.00

Frequency Missing = 1

Statistic	D	Value	Prob
Chi-Square	6	40.454	0.001
Likelihood Ratio Chi-Square	6	41.580	0.001

Support Services

Availability of provisions for coping with burnout did not reveal any significant relationship with degree of burnout ($X^2 = 11.328$; $df 6$, $p = .079$) nor did geographical remoteness of the job site ($X^2 = 4.712$; $df 4$, $p = .318$).

Open-Ended Questions

The two open-ended questions were evaluated objectively to document response trends. The first requested respondents to discuss possible causes of their burnout not addressed previously by the survey. Thirty-six (21%) of the 175 respondents in the mild and moderate burnout categories reported program administration had adversely affected their job environments. The shift of service delivery from the Department of Education to the Department of Health and Communication Services in many provinces (i.e., Alberta, New Brunswick, P.E.I., and, to some degree, Manitoba and Ontario), which was discussed in many of the surveys, had reportedly culminated in a lack of supervision and a situation where direct supervision by a speech-language pathologist was rare. Many respondents expressed a paucity of support for, or understanding of, the SLP's job by administrators and other professionals and unclear administrative guidelines regarding the role of SLPs in the schools.

The secondary trend of response (N=20, 8%) reflected the issue of time. Many SLPs discussed not having enough time to be effective because caseloads were too large to manage adequately. Others reported an excess of unpaid overtime expended on paperwork. Although the relationship between paperwork and degree of burnout was not significant, it was still identified often as a probable negative job component contributing to burnout. The feeling of not being able to accomplish tasks optimally due to lack of manpower, overwhelming waiting lists, and lack of time to contact parents to develop home programs were also reported frequently.

Other reasons related to burnout were identified as: too much travel time (N=8), lack of progress seen in clients (N=5), and tension due to job cuts (N=3). Although geographical remoteness was not seen as a significant factor relating to degree of burnout, it may be a contributing issue for those professionals who spend considerable time driving to locations of responsibility. Such stress could also be exacerbated by winter driving conditions.

Three respondents cited frustration at being required to remain current in every diverse area of the field without feeling completely competent in any.

The replies to the question "If you sensed burnout occurring, what did you do to manage it?" revealed that seventy-eight (34%) individuals were confronting burnout by making positive changes in the workplace such as: talking with supervisors and peers, exchanging caseloads, collaborating with other professionals, setting realistic expectations of themselves, and creating new programs to effectively serve more people. A large group (N=43, 19%) dealt with burnout by spending or planning vacations, taking time off to have families, and making use of sick leave as necessary. Twenty-six (11%) of the respondents spent more energy on life outside of work rather than dwelling exclusively upon occupational stresses. These diversions included hobbies and family activities. Seven respondents sought professional help through psychologists, counselors, and stress management trainers.

Discussion and Conclusions

The results of the study suggested the majority of Canadian SLPs (76%) belonging to the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA), have been experiencing some degree of burnout at either the mild or moderate level. None reported undergoing the effects of severe burnout. Amount of burnout was significantly related to gender, caseload size, effect on personal lives, job satisfaction, and job effectiveness.

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That more males than females experienced burnout was surprising in view of past findings that burnout cuts across demographic characteristics. That is, it affected individuals regardless of age, sex, length of time on the job, marital status, number of dependents, and hours worked per week (McDermott, 1984).

With the exception of gender and caseload size, the survey results strongly supported those found with members of the American Speech-Language-Hearing Association (ASHA) (Miller and Potter, 1982). Although Canadian speech-language pathologists were not experiencing the same severity of burnout that Americans did in the 1982 study, the same factors of job dissatisfaction, feeling of job ineffectiveness, and negative effects of job status on personal life were all significantly related to burnout.

American speech-language pathologists affiliated with ASHA reported the lack of provisions for managing burnout as a significant factor contributing to degree of burnout. The same relationship was not found in the Canadian survey ($p > .05$), although the majority of respondents (57%) reported that few or no services were available in the workplace to alleviate burnout. Only 7% of the respondents noted provisions were "very available", but many (34%) reported dealing with burnout by speaking with supervisors, changing caseloads and schedules, and developing new programs. Despite the lack of availability of formal services, the SLPs were apparently managing burnout by directly confronting possible job sources.

In general, our data suggested a profile of the speech-language pathologist in CASLPA who is more likely to experience a mild or moderate degree of burnout. That person has a large caseload, has some job dissatisfaction, feels a degree of ineffectiveness on the job, and is undergoing some negative effects of job status upon her or his personal life. Regardless of these, this SLP will have positive relationships with clients and colleagues.

It is the accumulation of stressful factors that reduces one's resistance to burnout rather than one specific factor (Hock, 1988). Further research is needed to determine exact stressors within the field of speech-language pathology and in what contexts they exist. The open-ended questions have revealed some important trends and may supply future investigators with a number of areas to probe. For example, further investigation is necessary to identify trends in work

locations and to reveal situations where a beginning clinician is less likely to have direct supervision by a speech-language pathologist. Further research is also needed to identify more specific causal factors and subsequent support systems (e.g., 40% of those experiencing moderate burnout reported that no formal support provisions were available in the workplace). As stated earlier, burnout can result in departure from the field. When that occurs, burnout no longer affects just the individual, but the entire profession (Hock, 1988).

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