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**THE BURNOUT SYNDROME AND ITS EMPLOYMENT IMPACT
AMONG PROFESSIONALS IN SPEECH THERAPY AND OTHER
HEALTH DISCIPLINES: A DESCRIPTIVE STUDY**

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Abstract. Burnout syndrome is the result of a situation of chronic work stress, which occurs over a long period of time and compromises the physical and emotional health of workers. Health professionals are the group that suffers the greatest risk from these conditions. The objective of the present study was based on knowing the prevalence of burnout syndrome in a sample made up of health professionals who are working in a multidisciplinary team, although with greater attention to speech therapy language. Method: A descriptive cross-sectional methodology is proposed, carried out by a group of 60 health professionals, who are working in the Autonomous Community of Madrid and Castilla-La Mancha. As measurement instruments, the Maslach Burnout Inventory (MBI) questionnaire and an ad-hoc. Results: Show the prevalence of burnout was low, although they presented changes in mood and stress at work. In addition, some significant relationships were discovered between the subscales of emotional exhaustion and personal fulfillment through the MBI questionnaire, when professionals suffer changes in mood and work stress. There were significant differences between the speech therapists in support and labor protection and in the performance of tasks. On the other hand, the non-speech therapists showed significant differences in that the work situation with their team caused them stress, in active listening and the therapeutic bond with the patient. Discussion: We have found the prevalence of burnout was low and significant differences between the speech therapists and non-speech therapists.

Keywords: Burnout syndrome, health professionals, speech therapist, stress.

SÍNDROME DE BURNOUT Y SU IMPACTO LABORAL ENTRE LOS PROFESIONALES DE LA LOGOPEDIA Y OTRAS DISCIPLINAS SANITARIAS: UN ESTUDIO DESCRIPTIVO

Resumen. El síndrome de burnout es el resultado de una situación de estrés laboral crónico, que compromete la salud física y emocional de los trabajadores siendo los profesionales sanitarios quienes más lo sufren. El objetivo del presente estudio es conocer la prevalencia del síndrome de burnout en una muestra de profesionales sanitarios que trabajan en un equipo multidisciplinar, prestando mayor atención a los logopedas. Método: Se propone una metodología descriptiva de corte transversal, realizada en un grupo de 60 profesionales sanitarios, de la Comunidad Autónoma de Madrid y de Castilla-La Mancha. Se utilizó el cuestionario Maslach Burnout Inventory (MBI) y un cuestionario elaborado ad-hoc. Resultados: Los resultados muestran que la prevalencia de burnout fue escasa, si bien, aparecen cambios en el estado de ánimo y estrés en el trabajo con diferencias estadísticamente significativas en las subescalas de cansancio emocional y realización personal a través del MBI, cuando los profesionales sufren cambios en el estado de ánimo y estrés laboral. En cuanto al tipo de profesional los logopedas mostraron puntuaciones elevadas en apoyo y protección laboral y en la organización del tiempo. En cambio, los no logopedas, mostraron mejores puntuaciones en estrés en el trabajo, en la escucha activa y el vínculo terapéutico con el paciente. Discusión: Encontramos escaso burnout con importantes diferencias entre logopedas y no logopedas.

Palabras clave: Síndrome de burnout, profesionales sanitarios, logopedas, estrés.

Introduction

Burnout syndrome, also called "professional burnout" or "burnout syndrome", has been described as a set of medical-biological and psychosocial symptoms in the person after having used a large amount of energy in the work area causing chronic stress that leads the professional to a negative attitude towards those with whom he or she works (García-Campayo et al, 2016; Maslach & Jackson, 1982).

Burnout syndrome is originated by multiple causes, although most studies classify three types of variables that develop this condition: personal, social or environmental and organizational factors (Ademir et al., 2019; García-Campayo et al., 2016; Párraga et al., 2018).

Burnout syndrome presents certain symptoms in the person who suffers from it and in the organization where he/she performs his/her work, such as physical-biological (cardiovascular alterations, sleep disturbances, muscle pain, chronic fatigue, etc), emotional and cognitive (irascible attitudes, behavioral changes, etc) and effects in the workplace (increased absenteeism, higher costs, lack of energy, social conflicts, etc) (García-Campayo et al., 2016; Maslach and Leiter, 2016; Párraga et al., 2018).

Among all these symptoms, those that appear with a higher frequency are those associated with inattention (45%), effects developed by tiredness or fatigue (17.8%), and with a higher prevalence of feelings of stress (51%) (European Agency for Safety and Health at Work, 2013; Gil-Monte, 2009). Likewise, large percentages appear in manifestations related to muscular pain, behavioral changes and addictions in the consumption of toxic substances or psychotropic drugs (Gil-Monte, 2009).

These severe consequences have led to an increase in the rate of absenteeism and sick leave (7.5%), costing companies up to 8 billion euros (Alba, 2009). For this reason, the World Health Organization has come to consider it as an occupational risk (WHO, 2000), as it has detrimental effects on mental health and quality of life of people.

In relation to prevalence, it affects between 4% and 30.5% of the population in the European Union (García-Campayo et al., 2016). These large statistics point to those people who contain high social demands, belong to care or helping occupations and present direct contact with other people, being the jobs that tend to show a higher risk of burnout those related to human services, education, public administrations (Lastovkova, et al., 2018) and health professionals, the latter being the group considered as one of the most susceptible to suffer from this syndrome (Barragán et al., 2015 García-Campayo et al., 2016).

In Spain, the prevalence of burnout is 15% (Grau et al., 2009), which has led to a greater interest in studying this type of contingency (Regal, 2016). In this sense, different risk groups have been investigated, where health professionals such as doctors and nurses and especially primary care professionals have been considered as one of the most susceptible to suffer this syndrome (Bakhamis et al., 2019; Barragán et al., 2015 García-Campayo et al., 2016; Vilà-Falgueras et al., 2014). However, other health specialists also show prevalence of this syndrome, such as physiotherapists (González-Sánchez et al., 2017; Rogan et al., 2019; Serrano, Garcés, & Hidalgo, 2008), psychologists (Berjot et al., 2017), occupational therapists (Brown & Pshniak, 2018; Poulsen et al., 2012) and speech therapists (Bruschini et al., 2018; Kasbi et al., 2018; Ewen et al., 2020), among other groups. Specifically in the last group, among speech therapy professionals, the data suggest that they present a mild-moderate level of burnout (Bruschini et al., 2018; Kasbi et al., 2018), finding that the trigger of burnout was correlated with work demands, lack of control at work and less professional support (Ewen et al., 2020).

As a result, numerous instruments have emerged to analyze the prevalence of burnout syndrome, the most recognized and used being the Maslach Burnout Inventory (MBI) by Maslach & Jackson (1986), which is based on a three-dimensional model characterized by emotional exhaustion (EQ), depersonalization (PD) and reduced personal fulfillment (PR).

Therefore, the aim of this study is to determine the prevalence of burnout syndrome in a sample of health professionals working in a multidisciplinary team with special attention to the figure of speech therapists based on the Maslach Burnout Inventory (Maslach & Jackson, 1986).

Method

Design

The present research study on the prevalence of burnout syndrome among healthcare professionals was designed as a cross-sectional, descriptive and observational epidemiological study.

Participants

The participants were chosen by non-probabilistic sampling from the Autonomous Community of Madrid and Castilla-La Mancha. The following inclusion criteria were taken into account: health care workers who are working in a multidisciplinary team and are currently working.

This study included a total of 60 professionals out of all those to whom the questionnaire was sent, who were about 80 people from a total of 6 clinical centers. Of these, 76.7% (N=46) were women and 23.3% (N=14) were men, ranging in age from 23 to 63 years (M=30.33 and SD= 8.10 years). Regarding their marital status, 50 % (N=30) were single, 31.7 % (N=19) had a partner and 18.4 % (N=11) were married, divorced or separated. In addition, 18.3% (N=11) reported having a child/children, compared to 81.7% (N=49) who did not, and it was analyzed that most of the participants live with their family, more specifically 48.3% (N=29); 36.7% (N=22) with their partner and 15% (N=9) alone or in another situation.

The characteristics of the sample according to level of studies, university centers attended, year of graduation and payment for their studies are summarized in Table 1.

Finally, of this group of participants, 71.6% (N=43) worked in private entities, 13.3% (N=8) in associations, 11.7% (N=7) in hospitals and 3.3% (N=2) in nursing homes.

Table 1.

Frequency distribution of the sample by level of studies, university centers attended, year of graduation and the cost of their studies.

	N= 60	
	N	%
Level of studies		
Speech Therapy Degree	46	76,7
Other Degrees (Physiotherapists, Nurses, Doctors, Psychologists, Occupational Therapists)	14	23,3
University teaching centers		
University of Castilla-La Mancha	44	73,3
Other university teaching centers	16	26,7
Year of graduation		
1980-2009	12	20
2010-2019	48	80
Were you able to pay for your studies?		
Yes	24	40
No	36	60

Instruments

The present research work on the prevalence of burnout syndrome among professionals.

Two instruments were used to collect information. First, an ad hoc questionnaire made up of 70 open and closed multiple-choice or dichotomous questions, which assesses sociodemographic characteristics and different work-related factors. Specifically, the items are made up of several questions, each of which can be classified into seven categories. The first of these is to find out the sociodemographic characteristics of the participants with 13 questions; the second is about the worker's health with 8 questions; the third about his or her work situation with 3 questions; the fourth about the worker's degree of satisfaction by means of 12 numerical scales (1 being not at all or a little and 10 quite a lot or a lot); the fifth has 15 questions on the characteristics of the current job and economic level; the sixth category has 11 Likert-type questions on the quality of the worker's well-being at work (1 being disagree and 4 totally agree); and the seventh presents 8 numerical scales on the evaluation of the characteristics of a service center (1 being a little or not at all important and 10 being very or quite important).

Secondly, the Maslach Burnout Inventory (MBI) questionnaire by Maslach & Jackson (1986) was used in its validated version in Spanish (Seisdedos, 1987). It is designed to assess burnout syndrome by evaluating the frequency with which each of the situations described in the items occurs. The items are divided into three dimensions or subscales: emotional exhaustion, depersonalization and personal fulfillment. It consists of 22 items made up of affirmative statements about the emotions and attitudes felt by the worker towards his/her work situation. The answers are given on a Likert-type scale with scores from 0 (never) to 6 (every day). Each construct or subscale is composed of a number of items:

- The emotional exhaustion/tiredness subscale is composed of 9 items (1, 2, 3, 6, 8, 13, 14, 16 and 20) that measure feelings of emotional overload (which may expose physical or psychological consequences). The maximum score is 54 points.
- The depersonalization subscale is designed by 5 items (5, 10, 11, 15 and 22) and values those negative feelings or behaviors towards the patient. The maximum score is 30 points.
- The self-realization subscale is composed of 8 items (4, 7, 9, 12, 17, 18, 19 and 21) and measures feelings of competence and achievement (related to negative aspects that a person has about himself/herself, such as depression, low commitment, lack of motivation, lack of work relationships, among others). The maximum score is 48 points.

For the analysis of the items and to determine burnout levels, the normative criteria of Gil-Monte and Peiró (2000) were used. High scores on the subscale of emotional exhaustion/personal exhaustion and depersonalization, and low scores on personal accomplishment would indicate the presence of this syndrome. Specifically, the total score of this standardized questionnaire is divided into three thirds, the high level meaning a diagnosis

of burnout, the intermediate level meaning a tendency to burnout and the low level meaning no risk of suffering from this syndrome.

- When scores equal to or higher than 25 are obtained in emotional exhaustion, a high level is determined, between 16-24 an intermediate level and less than 15 a low level.
- In depersonalization, when scores equal to or higher than 9 are obtained, it is a high level, between 4-8 an intermediate level and less than 3 a low level.
- When scores of 0-35 are determined in personal realization, it would be a low level, between 36-39 an intermediate level and more than 40 a high level.

Procedure

This study obtained ethical approval and supervision (Code: 19/2020) by the Ethics and Clinical Research Committee (CEIC) of the Gerencia de Atención Integrada de Talavera de la Reina (Toledo).

The design of the "ad hoc" questionnaire was evaluated by a panel of experts (Cabero and Llorente, 2013) composed of health professionals and university teachers of the Speech Therapy Degree. Taking into account the suggestions for improvement made by the expert committee, various changes were made to the formulation, order and the admission of new questions, as well as eliminating other questions.

In addition, a pilot test was carried out with a group of 12 people, some of whom were teaching, others were studying speech therapy and the rest were not involved in this discipline. The objective of this procedure was based on the assessment that each of the definitive items of the questionnaire were understood, to estimate the average time for answering them and to determine the feasibility of the data analysis.

Once the "ad hoc" questionnaire was completed, it was designed online, using the Google Forms format. This platform is a free Google application for any user, where all kinds of information can be collected and structured, each of the answers can be received in an ephemeral way, and, in addition, it offers the opportunity for the interviewer to formulate or modify the questions of the questionnaire through different designs (check boxes, multiple choice, short answer, linear scale, detachable lists, etc.). The system even ensures that responses can be made from any type of electronic device, organized and analyzed using different graphs, and saved in an online spreadsheet.

All participants had to agree to the study by means of an informed consent form included in the cover letter. This showed the reason for the study and the objectives to be achieved along with the Organic Law 3/2018, on the protection of personal data and guarantee of digital rights.

With regard to its diffusion, email was used in order to contact those centers that were located in the Autonomous Community of Madrid and Castilla-La Mancha. In order to get in touch with this type of centers, a search was carried out through Internet browsing, as well as taking into account those entities known by people in the environment. In this way, an e-mail message was sent explaining the reason for the present investigation together with the link generated by the Google questionnaire platform to a total of 6 speech therapy clinics and/or

multidisciplinary centers, reaching a total of 80 people who were working in one of the speech therapy centers or in a multidisciplinary center. However, the final sample was 60 people. The link generated by the Google questionnaire platform was open and active on the on-line platform from April 27 to May 9, 2020.

Statistical analysis

After data collection, analysis was performed using IBM® SPSS® Statistics 22.0 software. Thus, simple frequency parameters, measures of central tendency (mean and median) and standard deviations were used for the analysis. Likewise, the nonparametric Mann-Whitney test, which is the nonparametric test parallel to the t-test for independent samples, was performed for this analysis. The confidence level of .05 was taken into account for all statistical analyses. In addition, descriptive and frequency distribution (mainly means and standard deviations) and Chi-square tests of independence were used.

Results

Worker health

The results obtained in relation to worker health can be found in Table 2. One of the most relevant data indicates that 71.7% (N=43) have manifested changes in their mood in recent years.

Table 2.

Distribution of frequencies in the questions on worker health.

		N=60	
		N	%
Sleeping hours	5 a 7 hours	29	48,3
	8 a 9 hours	31	51,7
Good eating habits	Yes	38	63,3
	No	4	6,7
	Maybe	18	30
Physical/sports activity	Yes	39	65
	No	21	35
Presence of illness	Yes	11	18,3
	No	49	81,7
Medical treatment	Yes	14	23,3
	No	46	76,7
What type of treatment?	Hormonal	5	8,3
	Anxiety	1	1,7
	Cholesterol	2	3,3
		4	6,7

	Headache and migraines	1	1,7
	Intestinal inflammations	1	1,7
	Covid-19		
Psychological/psychiatric treatment	Sí	4	6,7
	No	56	93,3
Changes in mood in recent years	Sí	43	71,7
	No	17	28,3

Work situation

With respect to the 3 questions in this category, it was found that 51.7% (N=31) of the population felt that they were subjected to a lot of stress in the workplace, compared to 48.3% (N=29) who did not experience stress. It is also found that they have suffered few incidents at work, since 11.7% (N=7) have or have suffered them and 88.3% (N=53) responded that they have not. And, in their workplace, they are generally offered medical check-ups for occupational hazards (65% (N=39) compared to 35% (N=21) who are not.

Degree of worker satisfaction

Table 3 below shows the degree of satisfaction of the workers in their work and the development of their job performance, as well as the statistically significant differences according to the type of professional (speech therapist vs. non- speech therapist)..

Table 3.

Distribution of descriptive statistics in the questions on the degree of worker satisfaction. Statistically significant relationships and mean ranges.

	Max. Val	Min Val	Median	SD	<i>p</i>	Speech therapist (mid-range)	Non speech therapist (mid-range)
Your Job	2	10	6,45	2,58	* 0,032	31,90	21,29
Remuneration	1	10	5,07	2,73	* 0,033	31,90	21,29
Commitment	1	10	6,95	2,83	* 0,014	32,24	19,00
Involvement	1	10	7,23	2,81	* 0,010	32,36	18,54
Autonomy	2	10	6,85	2,60			
Stability	1	10	6,35	2,89	* 0,033	31,90	21,19
Physical well-being	2	10	6,35	2,89			
Mental well-being	1	10	5,65	2,63			

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Work condition	1	10	5,62	2,73	* 0,014	32,25	18,95
Relationship with the team	2	10	7,15	2,73	* 0,010	32,37	18,50
Communication	2	10	6,67	2,6	* 0,050	31,70	21,08
Coordination	2	10	6,32	2,65			

Characteristics of the current job and economic level

The results of the fifth category of the ad hoc questionnaire on the characteristics of the current job and economic level are shown in the following tables (Tables 4 and 5).

Table 4.

Distribution of frequencies in the questions on the characteristics of the job position.

		N=60	
		N	%
Socioeconomic status	Bad	3	5
	Regular	26	43,3
	Good	31	51,7
Shift	Morning	9	15
	Afternoon	25	41,7
	Evening	0	0
	Split	26	43,3
Type of attendance	Hospital	7	11,7
	Clinic	43	71,7
	Home Care	7	11,7
	Other	3	5
	Your working day	Weekly/Daily/Continuous	39
	Split	18	30
Type of contract	Shifts	3	5
	Indefinite	33	55
	Service/Training	15	25
	Interim/Partial	7	11,7
	Temporary/Relay	5	8,3
Do you combine this job with any other job?	Yes	24	40
	No	36	60
Please specify:	Clinic/Home care	9	15
	Teaching/Research	4	6,7
	Hospital	1	1,7
	Associations/School support	10	16,7
	Patients you work with	Adults	7
	Children	21	35
	Both	32	53,3
Time from graduation to first contract or current contract	Days	8	13,3
	Months	34	56,7

	Years	18	30
How many hours is the facility where you work open?	5 to 11 hours	37	61,6
	12 to 24 hours	23	38,5
Vacations	Yes	57	95
	No	3	5

Table 5.

Distribution of descriptive statistics in the questions on job characteristics.

	Min. Val	Max. Val	Media n	SD
Number of years working in your discipline	1	40	6,55	7,22
Years working in this center	1	36	4,37	5,44
Years you have been working	1	40	7,50	7,88
Number of hours the establishment is open	5	24	10,92	4,95

Table 6.

Distribution of descriptive statistics in the questions on the quality of employee well-being at work.

	M i n . V a l	Max. Val	Median	SD
Material Resources	1	4	2,63	0,893
- Facilities			2,58	0,869
- Materials			2,52	0,983
- Prevention			2,67	0,896
- Collaborators			2,78	0,825
Social environment	1	4	3	0,835
- Help			2,97	0,901
- Comfort			3	0,844
- Respect			3,12	0,761
- Appreciation			3,02	0,813
- Recognition			2,90	0,858

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Professional and personal organization	1	4	2,33	1,084
- Organization			2,38	1,151
- Rhythm			2,65	1,071
- Form			2,58	1,109
- Monotonous			1,92	1,124
- Remuneration			2,03	1,104
- Conditions			2,47	0,947
Workplace demands	1	4	3,01	0,74
- Policy			3,08	0,743
- Ethics			3,03	0,780
- Approve			2,63	0,843
- Internalize standards			3,10	0,706
- Changes			3,03	0,663
- Protocol			3,13	0,769
- Tyme and rhythms			3,13	0,676
Labor practice	1	4	2,62	0,931
- Decision making			2,35	1,005
- Dialogue			2,13	0,982
- Updating			2,70	0,908
- Support/protection			2,80	0,860
- Participate			2,83	0,994
- Contact			2,85	0,880
- Management support			2,70	0,889
Perception of the workload	1	4	2,27	0,984
- End of workday			2,33	2
- Enough time			2,25	2
- Several tasks			2,82	3
- Excessive work			2,45	2
- Disrupt			2,03	2
- Irregular and unplanned			1,92	2
- Do not accumulate			2,22	2
- Home			1,88	1,50
- Overdue tasks			2,53	2,50
Professional's job perception	1	4	2,61	0,846
- Adequate			2,55	0,852
- Distributed			2,42	0,962
- Success			2,97	0,736
- Information			2,50	0,834
Worker psychosocial factors	1	4	2,86	0,856
- Satisfied				
- Secure			3,05	0,769
- Simple functions			3,03	0,736
- Confidence			2,17	0,785
- Comfortable and motivated			3,03	0,736
- Stimulating challenge			3	0,883
- Positive aspects			2,95	0,852
- Physical effects				

- Effects of wear and tear			3,25	0,751
- Mood			2,72	1,010
- Difficult situations			2,85	0,899
			2,62	1,043
			2,88	0,958
Communication and working relationship	1	4	2,86	0,792
- Correct			3,37	0,712
- Adequate treatment			3,28	0,585
- Team member			3,32	0,725
- Positive and comfortable			3,17	0,763
- Expressing opinions			2,92	0,907
- Stressful situation			1,85	0,899
- Collaboration			2,13	0,892
- Coordination			2,85	0,860
Professional rest	1	4	2,72	0,924
- Personal life/work			2,68	0,983
- Taking care of business			2,88	0,761
- Days off			3,30	0,962
- Family/friends/acquaintances			2,85	1,022
- Non-work issues			1,90	0,896
Bonding and therapeutic relationship	1	4	3,04	0,739
- Offering help			3,50	0,701
- Not going to work			2,07	0,972
- Appropriate attitude			2,95	0,790
- Trust is success			3,58	0,591
- No proper bonding			2,05	1,016
- Relationship is critical			3,70	0,591
- Not talking			2,70	0,944
- Proper treatment			3,57	0,563
- Family attitude			2,32	0,813
- Progress			3,10	0,630
- Therapeutic relationship			3,57	0,533
- Fulfillment of objectives			3,40	0,718
- Technical resources			2,63	0,901
- Responsibility			2,47	0,747
- Emotional bonding			2,65	0,899
- Active listening			3,65	0,577
- Express and be assertive			2,83	0,763
- Humble and authentic			3,33	0,729
- Attitudes and resources			3,47	0,623
- Limitations and referral			3,47	0,676

Assessment of the characteristics of a service center

The results obtained in the seventh category, regarding the characteristics that a service center should have, are shown in Table 7.

Table 7.
Distribution of descriptive statistics in the questions given on the characteristics of a service center.

	Min. Val	Max. Val	Med ian	SD
Quality of service	3	10	8,13	2,46
Economic profitability	2	10	7,13	2,418
Common good	3	10	7,88	2,38
Competitiveness	1	10	6,17	2,744
Labor quality	2	10	8	2,491
Productivity	3	10	7,57	2,324
Efficiency	3	10	7,90	2,334
Satisfaction of the people served	3	10	8,30	2,486

Maslach Burnout Inventory (MBI) Variables

To measure the prevalence of burnout syndrome in the sample, we offer, on the one hand, the descriptive results of the MBI questionnaire, and, on the other hand, the results according to the established cut-off scores (low, medium and high in each dimension).

The estimated reliability of this questionnaire was calculated according to Cronbach's alpha coefficient, being 0.71 for the entire scale (see Table 8).

Table 8.
Descriptive and reliability statistics of the MBI dimensions (CE, DP and RP) in the study sample.

Dimension	Min. Val	Max. Val	Media n	SD	Cronbach's alpha
Emotional Fatigue (CE)	0	44	17,60	11, 84	0,883
Depersonalization (DP)	0	18	6,43	5,20	0,547
Personal Realization (RP)	0	48	36,05	9,50	0,846

Figure 1 shows the percentages of the sample in each of the dimensions of the questionnaire classified into three levels (low, medium and high), as well as the number of subjects in each of the percentages.

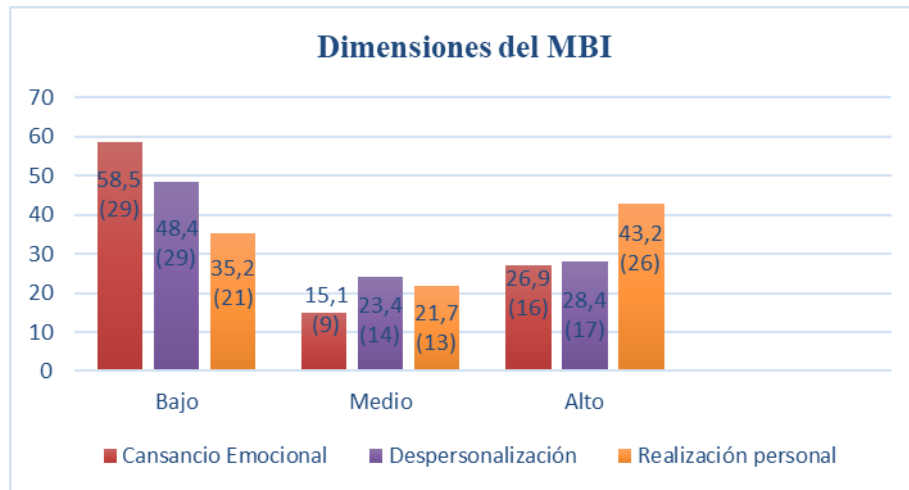


Figure 1. Percentage of professionals with low, medium and high levels of emotional exhaustion, depersonalization and personal fulfillment.

Note: Own elaboration

Therefore, if we take into account the recommendation that only high scores in the domains of fatigue and depersonalization and low scores in personal accomplishment allow us to consider the presence of Burnout Syndrome, we observe a low presence of this disorder. Likewise, as a whole, the results show that Burnout Syndrome exists in 15% (N= 9) as opposed to 85% (N= 51) who do not have it, as shown in Figure 2.

Síndrome de Burnout

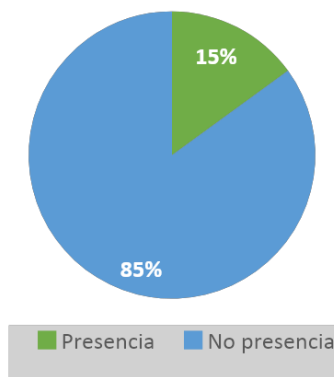


Figure 1. Burnout Syndrome

Note: Own elaboration.

Relationship between variables

Different statistical analyses were carried out between the variables studied in this work to find out the main sociodemographic and occupational factors that facilitate the appearance of Burnout Syndrome. Thus, it was found that statistically significant differences were found in the variable having suffered changes in mood in recent years, with mental well-being ($\chi^2 (2) = 6.56; p \leq 0.037$), with the MBI inventory score in emotional exhaustion ($\chi^2 (2) = 14.47; p \leq 0.01$), and in personal fulfillment ($\chi^2 (2) = 6.04; p \leq 0.049$). Thus, people who have undergone mood changes in recent years have higher mean ranks in emotional exhaustion and lower mean ranks in personal accomplishment and mental well-being compared to people who have not undergone mood changes in recent years.

The variable being subjected to stress at work, also showed statistically significant differences with mental well-being ($Z: -2.173; p \leq 0.030$), job status ($Z: -2.096; p \leq 0.031$) and the emotional exhaustion dimension of the MBI questionnaire ($Z: -3.293; p \leq 0.001$). Therefore, people under stress at work have lower scores in mental well-being and working conditions, and high scores in the emotional exhaustion category of the MBI questionnaire.

In the variable level of education of the participants (speech therapists vs. other professionals), statistically significant differences were found with some variables. For example, with having suffered changes in mood in recent years ($Z: -2.159; p \leq 0.031$), where professionals who are not speech therapists (physicians, nurses, physiotherapists, psychologists and occupational therapists) have suffered more changes in mood in recent years compared to speech therapists.

Also, being a speech therapist showed statistically significant differences with all the items of job satisfaction as shown in Table 3, so that speech therapists feel better satisfaction in all items compared to health workers from other disciplines (doctors, nurses, physiotherapists, psychologists and occupational therapists).

In addition, statistically significant differences occurred in some items on the perception that health care workers have of the quality of well-being at work. On the one hand, speech-language professionals versus the rest of the non-language professionals manifested higher mean ranks in "job support and protection" ($Z: -2.482; p \leq 0.013$) and in "not performing late tasks during weekends or vacations" ($Z: -2.988; p \leq 0.003$). On the other hand, non-language professionals (physicians, nurses, physiotherapists, psychologists and occupational therapists) compared to speech therapists had higher mean ranks in "working situation with equipment causes stress" ($Z: -2.054; p \leq 0.04$), in "feeling that the patient's attitude is appropriate" ($Z: -1.988; p \leq 0.047$), in "the importance of active listening during sessions" ($Z: -1.910; p \leq 0.05$), and in considering that "the therapeutic bond is an essential requirement for meeting therapy goals" ($Z: -1.914; p \leq 0.05$).

Finally, the sex variable only showed a statistically significant difference with having suffered "an occupational incident or occupational disease in the last year with subsequent sick leave" ($Z: -2.231; p \leq 0.026$), being more frequent among women compared to men.

Discussion and conclusions.

Starting with the results of our study, it is observed that, in the sociodemographic variables, there is a predominance of the female sex with respect to the male, data in line with other studies that reflect a growth in the female population among healthcare professionals (Gil-Monte et al., 2017; Instituto Nacional de Estadística, 2018, Liu et al., 2020; Masiero et al., 2018; Párraga et al., 2018; Portoghese et al., 2017). In addition, it is these, women compared to men, who have suffered more frequently some incident or occupational disease, which is similar to previous studies where differences by gender are shown, with greater serious accidents appearing in women as a result of displacements, temporary contracts, physical agents, etc., (Corrales-Herrero et al., 2015; García et al., 2016).

Regarding age, there is a large number of participants with ages ranging from 20 to 30 years, presenting a young population in the research, as noted in the report established by the National Institute of Statistics (2019), when referring to some health disciplines. The variable number of children and marital status, revealed a high percentage of subjects without children and who are single, a result similar to the statistics provided by the National Institute of Statistics (2018), reflecting that the population does not have children until at least 30-40 years old.

As for the type of professionals working in the centers studied, there is a greater number of speech therapists because they are centers with this profile, although there are also professionals who are performing their work in other health disciplines, such as Nursing, Medicine, Occupational Therapy, Psychology and Physiotherapy. This data highlights how interdisciplinarity is present in this study (Brown & Pashniak, 2018; Bruschini et al., 2018; Liu et al., 2020; Slocum et al., 2019), which would highlight the importance within the field of Speech Therapy of sharing knowledge with other professionals and carrying out a unified perspective in order to improve the quality of work, reach consensus on decisions from different points of view and better understand the patient's evolution (García-Campayo et al., 2016; Maestre et al., 2013).

The analysis of the data related to the worker's health reflects a good state of health, since there are good habits of sleep, food, physical exercise, however, 71.7% have revealed changes in their mood in recent years. These emotional variations, can have repercussions on the professional's work performance (Callaghan & Coldwell, 2014), even leading to the development of burnout syndrome (Beehr et al. 2010; Schonfeld et al., 2018). In this line, our data reflected how having suffered changes in mood in recent years was related to greater emotional exhaustion and lower scores in personal accomplishment measured with the MBI

questionnaire and even lower mental well-being. This data has been reported by García-Rivera et al. (2014), where it is confirmed that emotional affective states (depression, anxiety, stress, lack of motivation, etc.), apply directly to work, ensuring the appearance of work stress or affecting some of the dimensions defined in the MBI questionnaire. Moreover, it is the health professionals in this study (doctors, nurses, psychologists, physiotherapists and occupational therapists), compared to speech therapy professionals, who have experienced more changes in mood in recent years. Thus, this data reinforces that of other studies that show that professionals in Nursing, Medicine or other related disciplines, are those who suffer or have suffered more problems associated with emotional impacts that affect their mental health (Barragán et al., 2015; García-Campayo et al., 2016).

Regarding the situation at work, our data reflect that 51.7% present stress, so we can say that although the prevalence of this is medium, data similar to that of other authors (Bernaldo and Labrador, 2008), our figures are very different from those of research that suggest the high prevalence of work stress among healthcare workers in general (Bruschini et al., 2018; García-Rodríguez et al., 2015; Lastovkova et al., 2018). However, our data found how being subjected to stress at work appeared significantly related to lower mental well-being and working condition, as well as, higher percentages in the emotional exhaustion subscale of the MBI questionnaire. Thus, our results would support how the presence of stress at work has an impact on the appearance of greater emotional fatigue measured with the MBI scale, and lower scores in mental well-being and working conditions (Bernaldo and Labrador, 2008; García-Campayo et al., 2016).

Therefore, we can conclude that healthcare professionals who have suffered changes in mood in recent years or who suffer stress at work are more likely to suffer fatigue or emotional discomfort, which implies a major challenge for healthcare staff, as they suffer a greater psychological impact or burnout and this indiscreetly affects their quality of care (Ademir et al., 2019; González-Sánchez et al., 2017; Rogan et al., 2019). Therefore, it would be essential and desirable that organizations and workplaces help their workers to promote a set of coping strategies and/or personal, emotional and social support skills or even that entities offer prevention services to workers in order to safeguard their health and manage work-related stress by promoting suitable environments in which worker fatigue and mental discomfort are reduced (Gil-Monte, 2012).

Regarding the degree of employee satisfaction, our results show average scores for remuneration and working conditions, being these results similar to those obtained in other studies, since the participants state that the appreciation they have about their remuneration or socioeconomic situation and working conditions are not comparable with their performance and involvement (Yslado et al., 2019). However, on the contrary, notable scores are obtained in the items of involvement, relationship with the team and commitment. Thus, our data may reflect the importance of cooperative bonding, teamwork, social support, etc. These elements are key in increasing productivity, communication and commitment to work (Vilà-Falgueras et al., 2015). In addition, many of these items were significantly related among speech-language pathologists, so it seems that speech-language pathologists, feel more satisfied in their job

compared to the rest of the health professionals in this study. Similar results were found by Ewen et al. (2020) with speech therapy professionals.

Regarding the characteristics of the job, the diversity of contract types stands out, with a predominance of permanent contracts (Vilà-Falgueras et al., 2015); a high percentage of work performed in clinics (Brown & Pashniak, 2018); and generally good working conditions in terms of remuneration, vacation time, type of working day, etc. Some elements of the job, have been related to burnout syndrome and worker dissatisfaction, such as overwork due to the combination of several jobs, shiftiness (Barker & Nussbaum, 2011; Oliveira & Pereira, 2012), years of professional experience (Vollmer et al., 2013), type of workday (Matheson et al., 2014; Stimpfel, Brewer & Kovner, 2015) and time working in the same job (Sagripanti et al., 2012). However, our results found no significant relationships between job characteristics and the presence of burnout.

As for the quality of the worker's well-being at work, in general terms, high scores were found in quite a few sections. Thus, with respect to the bond and therapeutic relationship, the demands of the workplace, the social environment, psychosocial factors and communication, and the work relationship, the scores were high, which may lead us to think that the professionals present a quality relationship based on support, trust, satisfaction and security, these being important elements in the prevention of stress and in their well-being at work (De Lima et al., 2010). In addition, it can come to be considered an indicator of quality care when we refer to patients or relatives, and implies a good communicative development, bonding and where professionalism and ethics are very present (Leal-Costa et al., 2015). Likewise, high scores were found in the section on professional rest, so that among the participants in this research this aspect is well cared for, being again an indicator of protection, which favors work performance and even helps to manage stress (Chacón and Grau, 2014; García-Campayo et al., 2016). In addition, we highlight how in material resources, professionals determine their physical environment, facilities and material resources as adequate to provide quality services (Ghavidel et al., 2019).

Taking into account the type of health professional, it has been seen that speech-language pathologists have higher scores in the items "support and protection at work" and in "no need to take back work tasks in their vacation or weekend time" in comparison with the rest of the health professionals in the study. This result may suggest that speech-language pathologists feel supported in their workplaces and have better routines or habits for using free time as a break. So they manage to maintain a work organization in their day-to-day work and manage to achieve a work-life balance (Ewen et al., 2020; Bruschini et al., 2018). With these results, it could be considered that there are fewer situations that generate job burnout (García-Campayo et al., 2016), although future research is needed to further investigate this aspect. On the contrary, the healthcare professionals (nurses, physicians, psychologists, physiotherapists and occupational therapists) in our sample in comparison to the speech-language professionals have expressed high scores in the items "the work situation with my team causes me stress", interesting data since again it is observed how these workers in Nursing or Medicine are the ones who feel more job stress (Ademir et al., 2019; Barragán et al., 2015; Bakhamis et al., 2019; García-Campayo et al., 2016; Párraga et al., 2018; Vilà-Falgueras et al., 2014), although job

stress has also been seen in physiotherapists (González-Sánchez et al., 2017; Pavlakis et al., 2010; Rogan et al., 2019), occupational therapists (Edwards & Dirette, 2010; Brown & Pshniak, 2018; Poulsen et al., 2012) and psychologists (Berjot et al., 2017). Also, high scores have appeared among healthcare professionals (nurses, physicians, psychologists, physiotherapists and occupational therapists) in comparison with speech therapists on some elements associated with the bonding relationship such as "feeling that the patient's attitude is appropriate", "the importance of active listening during sessions" and "therapeutic bonding is an essential requirement to meet therapy goals". This difference may reflect the tradition of this collective regarding the therapist-patient relationship, as well as the importance that this issue has or has had in the good health care process and in the good practices associated with therapeutic actions (Floyd and Dago, 2014). This difference between non-language professionals and speech therapists is interesting, since in the function and professional work of speech therapists it is not enough just to have specific knowledge about language disorders, communication, voice, the development of an assessment and intervention, but it is also necessary to put into practice a set of skills and abilities that strengthen the therapeutic alliance (Fernández-Zuñiga and de León, 2008).

With respect to the evaluation of the characteristics of a service center, it was seen that all the participants gave great importance to the satisfaction of the persons attended, the quality of the service, the quality of the work and the efficiency. It can be seen that these characteristics are related, firstly, to the satisfaction and quality offered to the people who diagnose, treat and prevent ailments, and, secondly, to the quality both within the work center and among the professionals who make it up. Therefore, for the future, it is important to take care and implement in the work centers these or other similar elements that delve into a good management of the centers, in order to increase work, personal, emotional efficiency and thus reduce work discomfort and stress (Durán et al., 2018).

In relation to the presence of burnout syndrome, as we have seen in the introduction, many studies have shown the relevance and presence of this syndrome in health professionals in general. However, our results show that there is no burnout or that it is a minority, since only 15% (9 participants) present it. Likewise, we found low values for emotional fatigue and depersonalization and high values for personal fulfillment. Therefore, we can say that the health professionals in this study did not report scores that would suggest the development of this syndrome, with the absence of emotional fatigue or burnout, when the individual finishes his or her working day; with the absence of depersonalization, which would mean that the worker is not unmovable with the users he or she attends to and pays attention to their well-being; and, finally, with the presence of personal fulfillment meaning high levels of personal competence. Therefore, in light of these results, we can say that our study has not found a prevalence of burnout in the healthcare personnel studied. This result is in line with other studies conducted that also did not find burnout (Berjot et al., 2017; Bruschini et al., 2018; Pavlakis et al., 2010; Serrano et al., 2008). Furthermore, in our study, no statistically significant differences were found between burnout syndrome and the variables of this research. Only, significant differences were found in the subscale emotional exhaustion and personal accomplishment for professionals who in recent years have suffered changes in mood and in the subscale emotional

exhaustion in professionals who feel stress at work as previously explained (Bernaldo and Labrador, 2008; García-Rivera et al., 2014; García-Campayo et al., 2016).

With respect to the limitations of the study, firstly, it should be noted that the number of the sample chosen for the research and the geographical location can be considered very small, and may not be very representative or generalizable. In this line, it is true that the significant relationships may be biased by the asymmetry of the sample size in the variables analyzed. For future research, it would be important to increase the number of participants to obtain much more representative results. Secondly, it is noteworthy that the design of the ad hoc questionnaire is very extensive, which could affect the results obtained. Finally, the lack of studies on this field of knowledge in speech therapy may initiate new research projects in the country to provide greater attention to the occupational and psychosocial well-being of the healthcare team where the speech therapist is the target population in burnout treatment and prevention programs.

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