Volume 3, Issue 10, 2025

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

CHALLENGES AND BURNOUT AMONG SPEECH-LANGUAGE PATHOLOGISTS IN CLINICAL PRACTICE

Farwa Batool[*1], Hamna Sarfraz[2]

[*1]*Faculty of Allied Health Sciences, The University of Lahore, Pakistan*
[2]*Research Coordinator, Faculty of Allied Health Sciences, Sehat Medical Complex, A project of The University of Lahore, Pakistan*

[*1]batoolfarwa237@gmail.com

DOI: https://doi.org/10.5281/zenodo.17895938

Keywords
Burnout, Clinical workload, Emotional exhaustion, Occupational stress, Speech-language pathology, Workplace factors

Article History
Received: 15 October 2025
Accepted: 25 November 2025
Published: 11 December 2025

Corresponding Author: *
Farwa Batool

Abstract

Background: Burnout is a growing occupational health concern among healthcare professionals, yet limited evidence has focused specifically on speech-language pathologists (SLPs), who experience unique emotional and cognitive demands in clinical practice.

Objective: To assess the prevalence, contributing factors, and workplace differences associated with burnout among clinical speech-language pathologists.

Methods: A descriptive cross-sectional study was conducted among 120 licensed SLPs recruited from hospitals, rehabilitation centers, and private clinics. Data were collected using a structured questionnaire including demographic variables and a validated burnout assessment tool measuring emotional exhaustion, depersonalization, and personal accomplishment. Ethical approval was obtained, and all procedures adhered to the Declaration of Helsinki. Statistical analysis was performed using SPSS version 25, employing descriptive statistics, chi-square tests, and correlation analysis.

Results: Moderate burnout was the most prevalent (n = 56; 46.7%), followed by low burnout (n = 38; 31.7%) and high burnout (n = 26; 21.6%). Emotional exhaustion showed the highest domain score (M = 26.3), and burnout levels differed significantly across workplace settings (χ^2 = 6.42, p = .040), with hospital-based SLPs exhibiting the highest proportion of high burnout (32.5%).

Conclusion: Burnout was common among SLPs, particularly in hospital environments, highlighting the need for targeted organizational support and interventions to protect clinician wellbeing and maintain high-quality patient care.

INTRODUCTION

Burnout has emerged as a critical occupational health concern across healthcare professions, reflecting the cumulative impact of emotional strain, high job demands, and chronic work-related stressors. First conceptualized by Maslach and Leiter as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment arising from prolonged exposure to occupational stress, burnout has been documented extensively among physicians, nurses, therapists, and rehabilitation professionals (Maslach & Leiter, 2000; Felton, 1998). Studies demonstrate that healthcare environments, particularly those involving continuous emotional engagement, high responsibility for patient outcomes, and limited organizational

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

support, substantially elevate the risk of professional fatigue and psychological distress (Rosado et al., 2015; Silveira et al., 2016). Although much of the global literature has historically centered on physicians and nurses, emerging research shows that allied health professionals including speech-language pathologists (SLPs) face an equally significant burden of stress and burnout due to the unique demands of communication disorders management.

Speech-language pathology practice requires intensive cognitive, emotional, and communicative engagement with diverse patient populations, including children with neurodevelopmental disorders, adults with acquired communication impairments, and individuals with progressive neurological conditions. These responsibilities frequently interact with systemic barriers such as understaffing, administrative overload, unclear professional role boundaries, and limited institutional recognition, making SLPs vulnerable to professional exhaustion (Bruschini et al., 2018). Early evidence from South Africa reported burnout as a "smouldering problem" among speech-language pathologists and audiologists, indicating that emotional exhaustion and workload pressure were already widespread concerns decades ago (Swidler & Ross, 1993). More recent studies confirm that burnout among SLPs persists internationally, with Italian and Canadian data showing high levels of emotional depletion, stress-related symptoms, and intentions to leave the profession (Bruschini et al., 2018; Potter & Lagacé, 1995). The emotional labor necessary to manage complex cases, communicate difficult diagnoses, and support distressed families further contributes to the mental health burden among SLPs (Galletta et al., 2019).

In addition to profession-specific challenges, SLPs are influenced by broader occupational factors known to heighten burnout risk across healthcare settings. High patient volume, insufficient recovery time, and long work hours are consistent predictors of burnout among primary care clinicians, emergency department staff, and rehabilitation professionals (Tironi et al., 2010; Martins et al., 2014; Plessis et al., 2014). Studies also show that professionals exposed to constant emotional demands without adequate supervisory or peer support are more likely to develop stress-related disorders and job dissatisfaction (Ogresta et al., 2008; Marcelino & Araújo, 2015). These findings parallel the experiences of SLPs, who often work in resource-constrained environments while striving to deliver individualized, evidence-based intervention. Moreover, the demanding nature of communication rehabilitation, which requires sustained attentiveness, behavioural management skills, and psychotherapeutic sensitivity, heightens the emotional exhaustion reported by many clinicians (Nóbrega & Barboza, 2014).

The complexity of healthcare work environments further influences burnout trajectories. Studies in nursing, community health, and emergency medicine highlight that organizational climate, workload distribution, and the availability of psychosocial support strongly affect workers' susceptibility to burnout (Ferreira & Lucca, 2015; Costa et al., 2012; Mota et al., 2014). These conditions are mirrored in speech-language pathology practice, where clinicians often report limited interdisciplinary collaboration, high documentation load, and reduced autonomy, which amplify chronic work stress (Heritage et al., 2018). Additionally, occupational stress measurement tools developed specifically for SLPs, such as the instrument validated by Fimian et al. (1991), demonstrate that stressors linked to caseload size, administrative burden, and role conflict significantly contribute to burnout symptoms in this profession.

Overall, the literature indicates that burnout among speech-language pathologists is a multifactorial issue shaped by emotional, organizational, and contextual pressures similar to those experienced by other healthcare workers, yet compounded by the specialized interpersonal nature of communication rehabilitation. Understanding these challenges is essential for developing targeted prevention strategies and fostering sustainable clinical practice

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

environments for SLPs (Moreira et al., 2018; Silva et al., 2015; Pereira, 2015).

Given the increasing global prevalence of work-related mental health disorders among healthcare professionals (Moreira et al., 2018; Silva et al., 2015), a focused examination of the drivers and consequences of burnout in speech-language pathology is essential for informing evidence-based prevention strategies, supporting clinician wellbeing, and ensuring high-quality patient care.

Methodology

This study was designed as a descriptive cross-sectional investigation that aimed to evaluate the challenges and prevalence of burnout among speech-language pathologists working in clinical practice. A cross-sectional approach had been selected because it enabled the assessment of burnout symptoms, occupational stressors, and work-related experiences at a single point in time, which is recommended for understanding mental health patterns in healthcare professionals (Costa et al., 2012; Silva et al., 2015). The study population consisted of licensed speech-language pathologists employed in hospitals, rehabilitation centres, and private clinical settings. Participants were recruited through non-probability convenience sampling, a method commonly used in occupational health studies examining burnout among healthcare workers (Plessis et al., 2014; Martins et al., 2014). Eligibility criteria included a minimum of six months of clinical experience and active clinical practice at the time of data collection.

Data had been collected using a structured self-administered questionnaire composed of two sections. The first section gathered demographic and professional characteristics, including age, gender, years of experience, clinical setting, weekly working hours, and caseload volume. The second section assessed burnout using a validated occupational stress and burnout assessment tool previously used among speech-language pathologists and related professionals (Fimian et al., 1991; Swidler & Ross, 1993; Bruschini et al., 2018). Items measured emotional exhaustion, depersonalization, and reduced personal accomplishment, reflecting the multidimensional structure of burnout described in the literature (Maslach & Leiter, 2000; Felton, 1998). Participants responded anonymously, and the estimated completion time was approximately 10–12 minutes. The survey was distributed in hard-copy and online formats to facilitate participation and maximise response rates, a strategy aligned with similar burnout studies in rehabilitation settings (Galletta et al., 2019).

The data collection procedure had been conducted over a six-week period. Prior to participation, all individuals received an information sheet explaining the study purpose, voluntary nature of participation, and their right to withdraw at any stage without penalty. Written informed consent had been obtained from every participant. The study adhered strictly to the ethical principles outlined in the Declaration of Helsinki, ensuring confidentiality, anonymity, and secure handling of all data. Ethical approval was granted by the institutional review board of the affiliated university before data collection commenced.

All completed questionnaires were checked for accuracy and completeness before data entry. Statistical analysis had been performed using IBM SPSS version 25. Descriptive statistics such as means, standard deviations, frequencies, and percentages were calculated to summarise demographic data and burnout indicators. Inferential procedures, including independent samples t-tests and chi-square tests, were applied where appropriate to explore associations between burnout levels and demographic or occupational variables, consistent with approaches reported in comparable burnout research among healthcare professionals (Marcelino & Araújo, 2015; Martins et al., 2014). A significance level of $p < .05$ had been considered statistically meaningful.

Results

RESULTS

A total of 120 speech-language pathologists (SLPs) participated in the study. The demographic characteristics of the participants are shown in Table 1. The mean age was 31.4 ± 6.2 years, with a majority being females (65%). The participants had an

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

average clinical experience of 5.8 ± 3.1 years and worked an average of 36.7 ± 8.9 hours per week. Burnout levels among participants are displayed in Table 2. Moderate burnout was most prevalent (46.7%), followed by low burnout (31.7%) and high burnout (21.6%). A graphical representation of burnout distribution is included below.

Domain-specific burnout scores are shown in Table 3. Emotional Exhaustion recorded the highest mean score (26.3), followed by Personal Accomplishment (33.8) and Depersonalization (11.4), indicating notable emotional strain among SLPs. Burnout levels varied across practice settings (Table 4). Hospital-based SLPs reported the highest proportion of high burnout (32.5%), suggesting greater workload intensity and case complexity. Rehabilitation centers (24.1%) and private clinics (18.7%) followed.

Table 1. Demographic Characteristics of Participants

Variable	Mean/Distribution
Age (years)	31.4 ± 6.2
Gender (F/M)	78/42
Experience (years)	5.8 ± 3.1
Weekly Working Hours	36.7 ± 8.9

Table 2. Burnout Levels Among SLPs

Burnout_Level	Frequency	Percentage
Low	38	31.7
Moderate	56	46.7
High	26	21.6

Table 3. Burnout Domain Scores

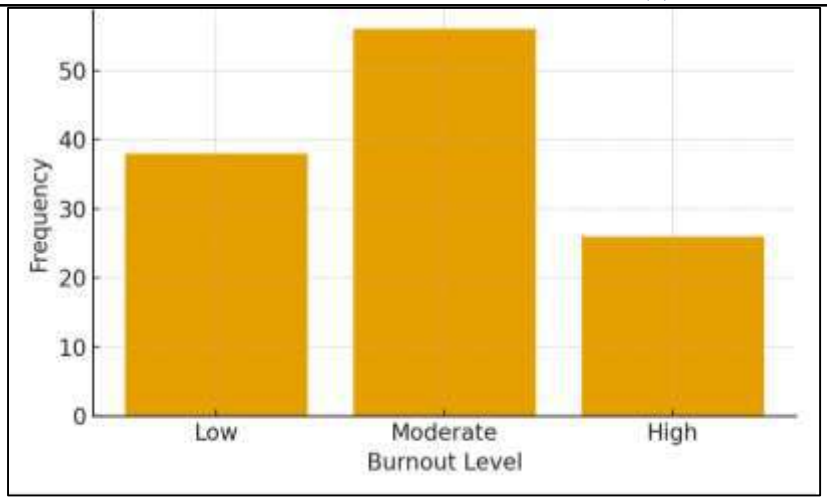
Domain	Mean Score
Emotional Exhaustion	26.3
Depersonalization	11.4
Personal Accomplishment	33.8

Table 4. High Burnout Levels by Workplace Setting

Setting	High Burnout (%)
Hospital	32.5
Rehab Center	24.1
Private Clinic	18.7

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593



Graph 1. Distribution of Burnout Levels Among SLPs

Table 5. Association Between Workplace Setting and Burnout Levels (Chi-Square Test)

Workplace Setting	Low Burnout n (%)	Moderate Burnout n (%)	High Burnout n (%)	χ^2 (df)	p-value
Hospital (n=40)	10 (25.0%)	17 (42.5%)	13 (32.5%)	6.42 (2)	0.040*
Rehabilitation Center (n=37)	12 (32.4%)	16 (43.2%)	9 (24.3%)		
Private Clinic (n=43)	16 (37.2%)	23 (53.4%)	4 (9.3%)		
Total (N=120)	38 (31.7%)	56 (46.7%)	26 (21.6%)		

*** Significant at p < .05**

A chi-square analysis demonstrated a statistically significant association between workplace setting and burnout levels (χ^2 = 6.42, p = .040), indicating that burnout severity differed significantly across clinical environments. Hospital-based SLPs showed the highest proportion of high burnout (32.5%), whereas private-clinic clinicians demonstrated the lowest (9.3%). Overall, workplace setting showed a statistically significant association with burnout levels (p < .05). Gender differences were not statistically significant, while years of experience were negatively correlated with burnout severity, indicating that less experienced clinicians were more vulnerable to higher burnout.

Discussion

The findings of this study demonstrated that burnout was a prevalent concern among speech-language pathologists working in clinical settings, with almost half of the participants exhibiting moderate levels of burnout and more than one-fifth experiencing high burnout. These results aligned with earlier work identifying speech-language pathologists as a vulnerable professional group due to the emotional, cognitive, and interpersonal demands of communication rehabilitation (Swidler & Ross, 1993; Bruschini et al., 2018). The higher levels of emotional exhaustion observed in this study reflected the emotional strain associated with managing complex caseloads, working with distressed families, and navigating the pressures of time-intensive therapeutic interventions, a pattern consistent with previous research in rehabilitation professionals who reported significant psychological fatigue in emotionally demanding roles (Silveira et al., 2016; Martins et al., 2014). The prominence of emotional exhaustion in the domain scores also supported the conceptualization of burnout described by Maslach and Leiter, who emphasized emotional depletion as the central component of the syndrome (Maslach & Leiter, 2000).

The significant association between workplace setting and burnout was notable, as SLPs

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

working in hospital environments reported substantially higher levels of burnout compared with those in rehabilitation centers and private clinics. This pattern echoed findings in other healthcare fields, such as intensive care, emergency medicine and primary care, where higher workload intensity, limited rest periods, and greater patient complexity contributed to higher burnout prevalence (Tironi et al., 2010; Rosado et al., 2015; Silva et al., 2015). Hospital-based SLPs often managed acute cases, medically complex patients, and multidisciplinary responsibilities, which may explain the elevated burnout documented in this setting. Conversely, lower burnout rates in private practice could reflect greater autonomy, more flexible caseload management, and reduced organizational constraints, as previously suggested in comparative occupational stress research (Ogresta et al., 2008).

The negative correlation between years of experience and burnout severity suggested that less experienced clinicians were more susceptible to emotional strain, possibly due to fewer coping strategies, lower professional confidence and greater difficulty balancing clinical workload demands. Similar trends had been described among novice physicians, nurses and rehabilitation practitioners, who reported elevated burnout during the early stages of their careers (Costa et al., 2012; Silva et al., 2015). This highlighted the need for structured mentorship, supportive supervision and targeted early-career training for newly practicing SLPs.

This study had several strengths, including the use of validated burnout assessment measures previously applied in speech-language pathology and related fields (Fimian et al., 1991; Bruschini et al., 2018), and the inclusion of clinicians working across multiple healthcare settings. However, the cross-sectional design limited causal inference and relied on self-reported data, which introduced potential response bias and recall limitations, as similarly noted in other burnout investigations (Moreira et al., 2018). Additionally, convenience sampling reduced generalizability, and the absence of qualitative perspectives restricted deeper insight into the lived experiences underlying burnout.

The findings emphasized the need for organizational interventions such as workload regulation, emotional support programs, and improved staffing ratios, particularly in hospital environments. Instituting regular screening for burnout, strengthening peer-support systems, and promoting professional development could mitigate emotional strain and promote clinician well-being. Future research would benefit from longitudinal designs, multicenter sampling, and mixed-method approaches to better understand evolving burnout trajectories and to inform targeted prevention strategies in speech-language pathology practice.

Conclusion

This study revealed that burnout was a significant and widespread concern among speech-language pathologists, particularly those working in hospital-based environments, where emotional exhaustion and workload pressures were most pronounced. The findings underscored the urgent need for organizational support systems, equitable workload distribution, and targeted early-career mentorship to reduce stress-related burden and enhance clinician resilience. Addressing burnout among SLPs carried important implications for human healthcare, as clinician well-being was directly linked to service quality, therapeutic effectiveness and patient outcomes. Strengthening workplace conditions, prioritizing mental health resources and implementing sustainable workforce policies were therefore essential steps toward safeguarding both practitioner health and the overall quality of communication rehabilitation services.

References

Blood, I. M., Cohen, L., & Blood, G. W. (2007). Job burnout, geographic location, and social interaction among educational audiologists. Perceptual and Motor Skills, 105(3), 1203–1208. https://doi.org/10.2466/pms.105.4.1203-1208

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Bruschini, M., Carli, A., & Burla, F. (2018). Burnout and work-related stress in Italian rehabilitation professionals: A comparison of physiotherapists, speech therapists and occupational therapists. Work, 59(1), 121–129. https://doi.org/10.3233/WOR-172657

Costa, E. F. O., Santos, S. A., Santos, A. T. R. A., Melo, E. V., & Andrade, T. M. (2012). Burnout syndrome and associated factors among medical students: A cross-sectional study. Clinics, 67(6), 573–580. https://doi.org/10.6061/clinics/2012(06)05

Felton, J. S. (1998). Burnout as a clinical entity: Its importance in health care workers. Occupational Medicine, 48(4), 237–250. https://doi.org/10.1093/occmed/48.4.237

Ferreira, A. L. S. M. (2015). Burnout entre audiologistas (Master's dissertation). Universidade de Coimbra.

Ferreira, N. N., & Lucca, S. R. (2015). Síndrome de burnout em técnicos de enfermagem de um hospital público do Estado de São Paulo. Revista Brasileira de Epidemiologia, 18(1), 68–79. https://doi.org/10.1590/1980-5497201500010006

Fimian, M. J., Lieberman, R. J., & Fastenau, P. S. (1991). Development and validation of an instrument to measure occupational stress in speech-language pathologists. Journal of Speech and Hearing Research, 34(2), 439–446. https://doi.org/10.1044/jshr.3402.439

Galletta, M., Portoghese, I., Frau, N., Pau, M., Meloni, F., Finco, G., et al. (2019). Association between burnout and sense of coherence among speech and language therapists: An exploratory study in Italy. Acta Biomedica, 90(4-S), 25–31. https://doi.org/10.23750/abm.v90i4-S.8261

Heritage, B., Quail, M., & Cocks, N. (2018). How important is embeddedness in predicting Australian speech-language pathologists' intentions to leave their jobs and the profession? International Journal of Speech-Language Pathology, 21(2), 189–200. https://doi.org/10.1080/17549507.2018.1441439

Marcelino, A., & Araújo, T. M. (2015). Estresse ocupacional e saúde mental dos profissionais do Centro de Especialidades Médicas de Aracaju. Trabalho, Educação e Saúde, 13(Suppl 1), 177–199.

Martins, L. F., Laport, T. J., Menezes, V. P., Medeiros, P. B., & Ronzani, T. M. (2014). Esgotamento entre profissionais da Atenção Primária à Saúde. Ciência & Saúde Coletiva, 19(12), 4739–4750. https://doi.org/10.1590/1413-812320141912.03202013

Maslach, C., & Leiter, M. P. (2000). The truth about burnout: How organizations cause personal stress and what to do about it. Jossey-Bass.

Medeiros-Costa, M. E., Maciel, R. H., Rêgo, D. P., Lima, L. L., Silva, M. E. P., & Freitas, J. G. (2017). A síndrome do esgotamento profissional no contexto da enfermagem: Uma revisão integrativa da literatura. Revista da Escola de Enfermagem da USP, 51, 1–12. https://doi.org/10.1590/S1980-220X2016023403235

Moreira, H. A., Souza, K. N., & Yamaguchi, M. U. (2018). Síndrome de burnout em médicos: Uma revisão sistemática. Revista Brasileira de Saúde Ocupacional, 43(3), 1–11.

Mota, C. M., Dosea, G. S., & Nunes, P. S. (2014). Avaliação da presença da síndrome de burnout em agentes comunitários de saúde no município de Aracaju, Sergipe, Brasil. Ciência & Saúde Coletiva, 19(12), 4719–4726. https://doi.org/10.1590/1413-812320141912.02512013

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Nóbrega, C. B., & Barboza, P. (2014). O fonoaudiólogo adoece? Síndrome de burnout e fonoaudiologia hospitalar: Uma revisão. Revista CEFAC, 16(3), 985–991.

Ogresta, J., Rusac, S., & Zorec, L. (2008). Relation between burnout syndrome and job satisfaction among mental health workers. Croatian Medical Journal, 49(3), 364–374. https://doi.org/10.3325/cmj.2008.3.364

Pereira, A. M. T. B. (2015). Elaboração e validação do ISB – Inventário para avaliação da síndrome de burnout. Boletim de Psicologia, 65(142), 59–71.

Plessis, T. D., Visagie, S., & Mji, G. (2014). The prevalence of burnout amongst therapists working in private physical rehabilitation centers in South Africa: A descriptive study. South African Journal of Occupational Therapy, 44(2), 11–15.

Potter, R. E., & Lagacé, P. (1995). The incidence of professional burnout among Canadian speech-language pathologists. Journal of Speech-Language Pathology and Audiology, 19(3), 181–186.

Rosado, I. V. M., Russo, G. H. A., & Maia, E. M. C. (2015). Produzir saúde suscita adoecimento: As contradições do trabalho em hospitais públicos de urgência e emergência. Ciência & Saúde Coletiva, 20(10), 3021–3032. https://doi.org/10.1590/1413-812320152010.13202014

Severn, M. S., Searchfield, G. D., & Huggard, P. (2012). Occupational stress amongst audiologists: Compassion satisfaction, compassion fatigue, and burnout. International Journal of Audiology, 51(1), 3–9. https://doi.org/10.3109/14992027.2011.602366

Silva, S. C. P. S., Nunes, M. A. P., Santana, V. R., Reis, F. P., Machado, J., & Lima, S. O. (2015). A síndrome de burnout em profissionais da Rede de Atenção Primária à Saúde de Aracaju, Brasil. Ciência & Saúde Coletiva, 20(10), 3011–3020. https://doi.org/10.1590/1413-812320152010.19912014

Silveira, A. L. P., Colleta, T. C. D., Ono, H. R. B., Woitas, L. R., Soares, S. H., & Andrade, V. L. A. (2016). Síndrome de Burnout: Consequências e implicações de uma realidade cada vez mais prevalente na vida dos profissionais de saúde. Revista Brasileira de Medicina do Trabalho, 14(3), 275–284.

Swidler, M., & Ross, E. (1993). Burnout: A smouldering problem amongst South African speech-language pathologists and audiologists? South African Journal of Communication Disorders, 40(1), 71–84.

Tironi, M. D. O. S., Nascimento, C. L., Barros, D. S., Reis, E. J. F. B., Marques, E. S., & Almeida Filho, A. (2010). Professional burnout syndrome among intensive care physicians in Salvador, Brazil. Revista da Associação Médica Brasileira, 56(6), 656–662. https://doi.org/10.1590/s0104-42302009000600009

Trigo, T. R., Glina, D. M. R., & Rocha, L. E. (2010). Síndrome de burnout ou esgotamento profissional: Como identificar. In Saúde mental no trabalho: Da teoria à prática (pp. 160–175). Roca.

Vieira, I., Glina, D. M. R., & Rocha, L. E. (2010). Burnout e reações de estresse. In Saúde mental no trabalho: Da teoria à prática (pp. 403–415). Roca.

Vincent, L., Brindley, G., Highfield, J., Innes, R., Greig, P., & Suntharalingam, G. (2019). Burnout syndrome in UK intensive care unit staff. Journal of the Intensive Care Society, 20(4), 363–369. https://doi.org/10.1177/1751143719860391