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OCCUPATIONAL BURNOUT AMONG SPEECH THERAPISTS: THE ROLE OF EMOTIONAL LABOR AND COMPASSION FATIGUE

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Abstract

Speech-language therapy requires sustained interpersonal engagement, emotional regulation, empathy, and therapeutic support and thus could be susceptible to occupational psychological strain. Emotional labor, compassion fatigue and burnout are well researched among healthcare workers however there is limited research of speech therapists in Pakistan. The purpose of this study was to analyse the relationship between emotional labour and burnout and to see if emotional labour and compassion fatigue were associated with burnout in speech therapists. The quantitative, cross sectional, correlational design was adopted with 60 speech-language therapists, who were recruited through convenience sampling. Emotional labor, compassion fatigue and burnout were measured with the Emotional Labor Scale, 30-item scale of Professional Quality of Life and the Oldenburg Burnout Inventory, respectively. Descriptive statistics, Pearson correlation and regression analysis were employed in SPSS to analyze the data. Emotional labor was positively correlated with burnout, $r = .380$, $p = .003$, and accounted for 14.5% of the variance in burnout. Emotional labor and compassion fatigue explained 35.4% of the variance in burnout ($R^2 = .354$, $p < .001$). Findings identify emotional labor as an important occupational factor associated with burnout among speech therapists.

INTRODUCTION

Healthcare professionals are often called upon to engage in prolonged emotional work, as well as being proficient in their technical skills. They must also be able to demonstrate calm, empathetic, reassuring, and professional support and engagement of patients who may be distressed, frustrated, concerned about treatment outcomes, or uncertain about treatment. Emotional demands are especially significant in rehabilitation careers, where extended and ongoing periods of contact with clients may occur, and progress toward therapy may be slow. One such profession is speech-language therapy. Speech therapists provide services to clients who have communication problems, developmental challenges, neurological issues, voice problems, swallowing problems, and other communication-

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related functional deficits. They typically spend extended periods with clients and families at their clinic, making repeated contacts. The therapeutic role thus goes beyond assessment and intervention, and often involves providing emotional support, motivation, reassurance, patience and managing expectations. Emotional labor is a construct that can help to explain these emotional needs. Emotional labor was first conceptualized by Hochschild (1983), as the managing of emotions and the expression of emotions in line with job demands. For certain jobs that involve dealing with people, the job requires the employee to express a certain emotion, even though that may not be the emotion that the employee feels.

Emotional labour was later proposed by Grandey (2000) as a strategy of emotion regulation to satisfy demands at work. Three types of emotional labor are often mentioned: (1) emulating what is considered "appropriate" emotions, (2) deep acting, and (3) displaying naturally occurring emotions. Surface acting is changing outward expression of emotions, but not the internal feeling. Deep acting is a technique designed to alter the internal experience of emotion, to make it more authentic. While emotional regulation can be a positive aspect to effective work relationships, frequent regulation can be psychologically taxing if workers have little opportunity to recover. This is particularly important for speech therapists since therapeutic effectiveness is often dependent on ongoing interpersonal engagement. Therapists should be patient with their clients when progress is slow; manage their own frustration when working with resistant clients; comfort emotional family members; and keep themselves calm when working with their own frustration or fatigue. Over time, emotional regulation might thus be a significant work requirement.

Emotion Regulation Theory also helps to explain this process. Gross (1998) stated that emotion regulation is the way that an individual regulates the emotions that they feel, when they feel them and how they feel them. Emotion regulation can also be developed to help individuals in healthcare-related contexts who might be feeling sad, frustrated, worried, hopeless, or fatigued from emotions while having to treat people as if they were feeling calm and supportive. In the context of burnout, emotional labour can be an important aspect. Burnout is generally seen as a reaction to chronic work stress, and is described as a syndrome of feeling exhausted, psychologically disengaged and diminished in one's job. According to Maslach and Leiter (2016), burnout is a result of an ongoing imbalance in which demands for the individual are high, and resources are not sufficient. This process can be explained using the Job Demands-Resources model. Demerouti et al. (2001) state that all occupations have job demands and job resources. Job demands involve sustained physical or psychological activity, while job resources enable workers to achieve occupational goals, mitigate the effect of job demands, and foster motivation and well-being. Burnout is more likely if the demands of the job are greater than the resources available. Emotional regulation can be a psychological job demand within speech-language therapy. Therapists need to develop therapeutic relationships, set client and family expectations, keep them motivated, and support their recovery in the event of extended rehabilitation. If such demands are not managed, supported, and given some freedom to recover emotionally, work-related fatigue can get worse.

Compassion fatigue is another psychological concept that is important in the helping professions. A definition of compassion fatigue, as a result of prolonged exposure to suffering and distress of others, was created by Figley (1995). Emotional exhaustion, diminished empathic ability, and secondary stress reactions are a possibility for professionals who regularly offer emotional support. The concept of compassion-related difficulties was later integrated into the concept of professional quality of life by Stamm (2010). Compassion fatigue and burnout are similar, but different concepts. The typical factors associated with burnout are related to the chronic

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occupational stress, work pressure, workload and organizational conditions. Repeatedly witnessing the plight and anguish of others is more likely to result in compassion fatigue. This means that a professional can have one but not the other. Previous studies have mostly studied well-being among physicians, nurses, psychologists, social workers and emergency healthcare workers. Despite their similar environments of service, speech-language therapists have been less emphasized. There is, however, some existing evidence that is relevant to the issue of stress, emotional exhaustion and burnout as significant issues for speech-language professionals. Burnout among speech-language pathologists and audiologists was discussed by Brito-Marcelino et al. (2020) and the occupational psychological strain was emphasized in these professions. Additionally, stress, job satisfaction, well-being, and burnout were cited as areas of concern for speech-language pathologists (SLPs) (Ewen et al., 2021).

Other more recent studies confirmed the association of occupational stress and burnout in various speech-language pathology contexts (Baixauli et al., 2025; Marante et al., 2023; Milanović et al., 2024). This problem is also applicable in Pakistan, which is a developing profession in healthcare sector namely speech-language therapy. The working environment of Pakistani Speech Therapists can range from hospitals, clinics, rehabilitation centers, education institutes or institutions related to occupational wellness which might have different facilities and support systems for psychological care. Burnout and professional stress in speech-language professionals have been reported in the local literature, but the literature on emotional labor and compassion-related stress and strain and burnout is scarce. Knowing these relationships is significant as the emotional needs of speech therapy can have a direct impact on occupational well-being, working relationships and sustainability of the workforce. Improved knowledge about emotional labour and compassion fatigue may assist in recognising psychological risks and appropriate prevention and support measures.

Objectives

1.To explore the correlation between emotional labor and burnout among speech therapists.

2.To investigate whether emotional labor and compassion fatigue significantly predict burnout among speech therapists.

Research Questions

1.What is the relationship between emotional labor and burnout among speech therapists?

2.To what extent do emotional labor and compassion fatigue predict burnout among speech therapists?

Hypotheses

H1: Emotional labor is significantly and positively correlated with burnout among speech therapists.

H2: Emotional labor and compassion fatigue significantly predict burnout among speech therapists.

METHODS

Research Design

A cross-sectional correlational research design was used in this study. A cross-sectional design involves collecting information from participants at a single point in time. This design was appropriate because the study aimed to assess the current levels of emotional labor, compassion fatigue, and burnout among practicing speech-language therapists.

Participants

The sample was composed of 60 practicing speech-language therapists. The selection of participants was done by nonprobability convenience sampling technique due to its availability, accessibility and willingness to participate. The participants were qualified speech-language therapists who were actively involved in clinical work, actively involved with clients or patients, and had adequate clinical experience to appreciate the emotional requirements of therapeutic work and were willing to participate. Participants were excluded if they

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were undergraduate students, not currently in practice as a speech-language pathologist, or if they did not sign informed consent forms, or if they did not complete responses. Demographic data gathered consisted of age, gender, marital status, education, professional experience, and work setting.

Measures

Demographic Questionnaire

Background information of participants was collected by using a demographic questionnaire. The age, gender, marital status, educational qualification, professional experience, and work setting were included in the questionnaire.

Emotional Labor Scale

Emotional Labor Scale (ELS) of Brotheridge & Lee (2003) was used to measure emotional labor. The measure included 14 items that measured three aspects of emotional labor: surface acting, deep acting and displaying naturally felt emotions. Responses were made on a 5-point Likert type scale. Higher scores indicated more emotional labor. In the current study, the measure had a Cronbach's α coefficient of .879, indicating good internal consistency.

Professional Quality of Life Scale

Professional Quality of Life Scale (ProQOL), Version 5, by Stamm was used to measure compassion fatigue. It is composed of 30 items rated on a frequency scale (1 = Never to 5 = Very Often). All 30 items were used in calculating the compassion-fatigue variable in the present study. The higher scores indicated higher levels of occupational strain associated with compassion. In the current sample the measure exhibited good internal consistency: Cronbach's α = .904.

Oldenburg Burnout Inventory

The Oldenburg Burnout Inventory (OLBI) created by Demerouti et al. (2001) was used to measure burnout. The OLBI is comprised of 16 items that measure two dimensions of burnout, namely, exhaustion and withdrawal from work. A four-point Likert scale is used for the responses. Items on the instrument have both positive statements and reverse coded items; a higher score represents increased burnout, where reverse scored items have this interpretation. In the present sample, the OLBI showed a good internal consistency with Cronbach's α = .850.

Procedure

Individuals involved in speech-language therapy occupations in related professions were contacted to participate. Questionnaires were given either in print or by computer, as access allowed. Participants were briefed on the purpose of the research prior to participating. Participants were informed about the study, and were asked to respond to the questions truthfully based on their experiences in the profession. It took about 10-15 minutes to fill out the questionnaire. Completed responses were checked for completeness prior to data entry and statistical analysis.

Ethical Considerations

There was a voluntary participation and participants were informed about the nature and purpose of the study. It was possible for them to opt out of the scheme without the threat of punishment or pressure. Ensuring confidentiality and anonymity was achieved by not revealing any information that could be used to identify the person. The data were utilized only in an academic and research manner. The responses from the participants were treated in a way that would reduce the risk of any psychological, social or professional damage to the participants.

Data Analysis

Analysis of the data was done using the Statistical Package for the Social Sciences (SPSS). The internal consistency of the measures was assessed using Cronbach's alpha. The major study variables were summarized using descriptive statistics (mean and standard deviation). Pearson product-moment correlation was used to examine the relationship between emotional labor and burnout. A simple

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linear regression was performed to assess the relationship between emotional labor and burnout. Multiple regression analysis was then conducted to see if emotional labour and compassion fatigue together predicted burnout.

RESULTS

Reliability and Descriptive Statistics

All measures demonstrated satisfactory internal consistency. Emotional labor showed Cronbach's α = .879, compassion fatigue showed α = .904, and burnout showed α = .850.

The mean score for emotional labor was M = 3.7429 (*SD* = 0.63442). Compassion fatigue had a mean of M = 3.7511 (*SD* = 0.54110), whereas the mean burnout score was M = 2.6750 (*SD* = 0.26058).

Table 1 Reliability and Descriptive Statistics of Study Variables

Variable	No. of Items	Alpha	*M*	*SD*
Emotional Labor	14	.879	3.7429	0.63442
Compassion Fatigue	30	.904	3.7511	0.54110
Burnout	16	.850	2.6750	0.26058

Note. N = 60.

Relationship Between Emotional Labor and Burnout

Pearson correlation analysis showed a significant positive correlation between Emotional Labor and Compassion Fatigue, r = .635, p < .001, suggesting that higher levels of emotional labor was correlated with higher levels of compassion fatigue. Emotional Labor also had a significant positive correlation with Burnout, r = .380, p = .003, indicating that an increase in emotional demands was correlated with an increase in Burnout. The correlation between Compassion Fatigue and Burnout was not significant, however, r = -.112, p = .393.

Table 2
Correlation between Emotional Labor, Compassion Fatigue and Burnout

	1	2	3
Emotional Labor	1	__	__
Compassion Fatigue	.635**	1	__
Burnout	.380**	-.112	1

**. Correlation is significant at the 0.01 level (2-tailed).
Note: N=60, **p** = .003. ***p*** < .001.

Emotional Labor as a Predictor of Burnout

Simple linear regression was conducted to determine whether emotional labor predicted burnout.

The regression model was statistically significant, $F(1, 58) = 9.804$, $p = .003$. Emotional labor explained 14.5% of the variance in burnout, $R^2 = .145$, adjusted $R^2 = .130$.

Emotional labor was a significant positive predictor of burnout, $B = 0.156$, $SE = 0.050$, $\beta = .380$, $t = 3.131$, $p = .003$.

These results indicate that higher emotional labor scores were associated with higher burnout scores.

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Combined Prediction of Burnout by Emotional Labor and Compassion Fatigue

A multiple regression analysis was performed to determine whether emotional labor and compassion fatigue jointly predicted burnout.

The overall regression model was statistically significant, $F(2, 57) = 15.646$, $p < .001$.

Together, emotional labor and compassion fatigue explained 35.4% of the variance in burnout, $R^2 = .354$, adjusted $R^2 = .332$.

Emotional labor was a statistically significant positive predictor of burnout, $B = 0.311$, $SE = 0.057$, $\beta = .757$, $t = 5.493$, $p < .001$.

Compassion fatigue also demonstrated a statistically significant coefficient in the combined model, $B = -0.286$, $SE = 0.066$, $\beta = -.593$, $t = -4.304$, $p < .001$.

Therefore, H2 was supported at the overall model level.

Table 3 Multiple Regression Analysis Predicting Burnout from Emotional Labor and Compassion Fatigue

Predictor	*B*	*SE B*	*β*	*t*	*p*
Constant	2.583	0.202	—	12.817	<.001
Emotional Labor	0.311	0.057	.757	5.493	<.001
Compassion Fatigue	-0.286	0.066	-.593	-4.304	<.001

Note. Dependent variable = Burnout.

R = .595, R^2=.354, Adjusted R^2=.332, F(2,57)=15.646, p<.001.

A multiple regression analysis was performed to explore if emotional labor and compassion fatigue together predicted burnout. The overall model was statistically significant, F(2,57)=15.646, p<.001, which suggests that the predictors significantly accounted for variance in the burnout. Emotional labor and compassion fatigue accounted for a total of 35.4% of the variance in burnout (R^2=.354).

DISCUSSION

This study analyzed the correlation of emotional labor and burnout, and examined the joint predictive contribution of emotional labor and compassion fatigue among speech therapists. The results indicated that emotional labor was significantly related to burnout and was significantly predictive of burnout beyond other factors. Further, emotional labor and compassion fatigue together accounted for a significant amount of variance in burnout. H1 was Supported. Emotional labor was significantly and positively correlated with burnout (r = .380, p = .003). The finding suggests that speech therapists who reported higher level of emotional regulation demands also reported higher level of burnout. The outcome is in line with Emotional Labor Theory.

The first theory that was proposed for why some occupations involve emotional regulation is by Hochschild (1983) who suggested that in jobs that involve emotional work, employees might need to manage their emotions and expressions to adhere to professional standards. Ongoing control can become psychologically demanding when the emotion being outwardly expressed is different from the emotion that is being felt inside. Emotional labor was also conceptualized by Grandey (2000) as labor that involves a form of emotion regulation in the workplace. This constant management of frustration, sadness, anxiety or fatigue and holding a professional demeanor can be a significant psychological strain. This can lead to emotional stress over time. In relation to this interpretation, speech-language therapy is specifically relevant in that the therapeutic relationship is often a long-term one. Slow progress can make for an impatient and

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encouraging therapist, difficulties can frustrate clients, family concerns may arise, and emotionally challenging interactions with therapists can occur. The finding is also in line with the Job Demands-Resources (JD-R) model. Demerouti et al., (2001), suggests that occupational burnout is more likely to occur when job demands are high and resources in the job are low. Continued emotional effort demands may be regarded as an important psychological job demand, as emotional labor is a psychological demand.

The emotional burden can be heightened for speech therapists who have to continuously provide emotional support without rest, supervision, organizational resources, and psychological support. High demands and low resources also lead to occupational strain, as Bakker and Demerouti (2017) noted. This finding is also in line with findings from the healthcare professions indicating that emotional regulation and extended patient contact are risk factors for burnout. Chronic interpersonal and occupational demands were identified as important factors in the development of burnout (Maslach and Leiter, 2016) and psychological costs of chronic emotional labor were identified (Grandey and Gabriel, 2015). Also at the overall level of the regression model, the second hypothesis was confirmed. Combining emotional labor and compassion fatigue accounted for 35.4% of the variance in burnout. The finding indicates that burnout amongst speech therapists may be a result of several intertwined emotional requirements instead of one psychological factor. Emotional labour can refer to the ongoing need to manage and show the correct emotions in the workplace, while compassion fatigue can be seen as a result of the emotional toll of consistently hearing clients' pain and suffering. These demands can collectively be a significant factor in the level of occupational strain. The term “compassion fatigue,” however, should be taken with a grain of salt. Independent of this, there was no significant correlation between compassion fatigue and burnout. Additionally, it was not a significant predictor of Burnout when entered alone. However, it turned out to be statistically significant with a negative coefficient when emotional labor was also entered into the multiple regression model.

The pattern here suggests that the unique contribution of the two predictors to burnout may be influenced by the relationship between the two predictors. There was also a strong correlation between emotional labor and compassion fatigue, $r = .635$, $p < .001$. Thus, one must not assume that the regression coefficient for the construct compassion fatigue reflects the relationship between more compassion fatigue and a decrease in burnout. Rather, the findings indicate that the effect of statistical compassion fatigue is different when emotional labor is held constant. A more powerful explanation could not be warranted without formally checking for multicollinearity, suppression, or shared variance. The results can help to enhance knowledge about the occupational well-being of speech-language therapists. Existing literature on emotional demands and burnout has mainly been studying major health workers such as physicians, nurses, psychologists, etc. However speech therapists are also subjected to their own unique emotional challenges as therapy often requires repetitive face-to-face sessions, incremental improvement, family engagement and extended rehab. The present results, therefore, highlight the need to investigate emotional labor as a fundamental occupational demand when working as a speech-language therapist. While emotional regulation is important for high quality therapeutic work, constant effort to regulate one's emotions could also be linked to higher rates of burnout when there are insufficient personal and organizational resources available.

CONCLUSION, IMPLICATIONS, LIMITATIONS, AND FUTURE DIRECTIONS

According to the results, emotional labor is significantly and positively related to burnout in speech therapists. The variance in emotional labor

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accounted for 14.5% of the variance in burnout, and the variance in emotional labor and compassion fatigue accounted for 35.4% of the variance in burnout. These results indicate the emotional burden of speech-language therapy is significantly related to occupational burnout. The study was a cross sectional correlational design therefore, the results obtained should not be interpreted as causation. They do, however, highlight the need to value emotional labor as an occupational need in SLP. The results have important applications for occupational psychology, health care administration, rehabilitation, and professional training. Regular supervision, peer-support, employee-assistance resources and psychologically supportive working environments may be beneficial for healthcare and rehabilitation organizations. Clinical psychologists and mental-health experts can also play a role by designing interventions based on emotional regulation, managing stress, promoting resilience, coping, and preventing burnout. Speech-language training programs may also provide practicum preparation for the emotional requirements of clinical work, which includes education on emotional labor, compassion fatigue, occupational stress, self-care and professional boundaries.

There are some restrictions to be noted. The cross-sectional design does not allow conclusions about causal or temporal relationships. The relatively small number of 60 speech therapists used restricts generalizability and may have selection bias due to convenience sampling. Responses might also have been open to recall, perception, and social-desirability effects due to the use of self-report measures. Furthermore, some important occupational/organizational variables that could affect the findings, such as workload, job satisfaction, supervision, organizational support, work environment, and coping resources were not studied. The results are also reflective of the cultural and health care environment for which they were gathered, and should be interpreted with caution for other professions or settings. Larger and more diverse samples from: hospitals, clinics, rehabilitation centers, educational institutions, and private practices should be used in future studies. Longitudinal studies are suggested to investigate if the changes of emotional labour are related to changes in burnout over time.

Additional research is needed on the factors of resilience, coping, emotion regulation, job satisfaction, social support, supervision quality, professional quality of life, and workplace resources. It is also important to further explore the different components of emotional labor, such as surface acting, deep acting and naturally felt emotions. When emotional labor and compassion related variables are entered simultaneously in further regression, the report of the diagnostic test of multicollinearity should be reported. Finally, efficacy of interventions for speech therapists, including resilience training, emotional-regulation interventions, peer-support groups, mindfulness-based programs and occupational stress-management strategies should be examined in the context of intervention-based research.

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