

Burnout Level on Portuguese Audiologists

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ABSTRACT

People live in an increasingly digitalized, interconnected, modern, but also fast-paced world. They live in a society where they must have time for everything and must get everywhere. This constant pressure leads to increased stress, which in the workplace when left unchecked, can lead to Burnout. Health professionals are professionals who are in contact with people, and in most cases with people in more debilitated situations, which leads to their level of work stress being among the highest of the various professions. Taking this information into account, this investigation has as its main objective to evaluate the level of Burnout in Portuguese audiologists and if there are differences, between the different areas of work. This research began with a bibliographic search, which was the basis of all the work. Then, the Copenhagen Burnout Inventory was applied to 209 Portuguese audiologists. After being collected, the data was treated using the SPSS software. Data analysis allowed us to verify that the level of personal Burnout is 42.68, the level of work related to Burnout is 43.75 and the level of patient-related Burnout is 43.26.

Keywords: Audiologists, Burnout, Diagnostics, Rehabilitation.

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I. INTRODUCTION

The main objective of this investigation is to study the level of Burnout in Portuguese Audiologists. The aim of this work is to better understand the health of Portuguese audiologists and how their work situation is influencing it. Bearing in mind that Burnout is increasing among professionals, especially among health professionals, it is essential to study this topic among Portuguese audiologists. This professional category is often forgotten when referring to health professionals, which means that there are not many studies on the subject in this same professional category (Faria, 2019).

Several studies show that stress is one of the biggest problems in the world. Our work environment and the factors to which we are exposed will positively or negatively influence our performance. A good working environment, where the employee manages to live up to the expectations, he sets himself, will develop a positive feeling of satisfaction. On the other hand, a bad work environment, or a job where the employee cannot correspond to the proposed activities, will develop negative feelings, such as frustration or even injustice (Corrêa *et al.*, 2019).

At a time when there is talk of improving the quality of life, both physically and mentally, companies and scientists have focused on the development of techniques for this purpose.

One of the main objectives of scientists, when studying techniques to improve the quality of life at work, is to prevent the employee from being under continuous work stress, as they know that this prolonged exposure can lead to Burnout syndrome.

More and more companies are susceptible to these problems and most actively seek techniques and ways to improve the work environment and, as a result, reduce the level of work stress (Teixeira *et al.*, 2019).

When we talk about audiologists, this level of stress tends to increase, as it is a profession that constantly deals with the public, which makes their emotions more present. In addition, when we talk more specifically about audiologists who work in rehabilitation, in addition to all the stress inherent in the profession, they also have the additional stress of having to make sales and meet goals.

In an initial phase, a literature review was carried out on audiologists and on Burnout. This research aims, in a first phase, to explain the profession of the Audiologist and in a second phase to study and understand the Burnout syndrome and how it acts in the lives of health professionals, more specifically in audiologists.

To obtain answers to the question that originated this work, a questionnaire was applied to Portuguese audiologists. The questionnaire used was the CBI (Copenhagen Burnout Inventory) which was adapted and validated for Portuguese by Cesaltino Fonte in 2011.

The diagnostic and therapeutic technician is a healthcare professional who works in the areas of diagnosis and therapy. He is responsible for providing health care with the aim of preventing the disease, preparing the patient for examinations, and carrying them out, ensuring the correct diagnosis and, consequently, the best means of therapy and/or rehabilitation. All functions should be performed, whenever possible, in a multidisciplinary team so that the best possible outcome for the patient in question is achieved.

The professions of diagnostic and therapeutic technicians are regulated by Decree-Law 320/99 and there are a total of 18 professions. Among them is the profession of audiology technician.

Audiology (from the Latin *audire* - "to hear" - and from the Greek *-λογία*, - "logy") is the science that studies hearing, balance, and changes in relationships. It is from this that the audiologist (specialized in audiology) arises. The audiologist develops his activity in the areas of prevention, diagnosis, and rehabilitation, with industrial populations, schoolchildren, risk groups and the general population, as well as developing activities in teaching and research.

The audiologist studies the auditory system from its anatomy, physiology or even pathology. This study leads the audiologist to work essentially with the auditory system and the vestibular system. These are the two major systems he works with and that can present pathologies independently or together (Katz, 1999).

Pathologies related to hearing or balance often develop psychological changes, so the audiologist must be able to be alert to these situations, report, and work in a multidisciplinary team to help the patient, not only with the hearing problem and/or vestibular, but also in the psychological alteration that it married.

According to the Portuguese Association of Audiologists (APtA), the audiologist can work in areas such as prevention, audiological diagnosis, auditory and/or vestibular re(h)habilitation or investigation. In addition to these areas, you can also teach the same (APtA, 2020).

The term Burnout, also known as professional burnout, comes from the junction of the English words Burn and Out, which mean respectively to burn and outside, therefore, the literal translation is 'to burn out'. Usually, the term Burnout is translated as exhaustion (Carneiro, 2019).

The term Burnout was first defined by the American psychiatric physician Herbert Freudenberger in 1974 as "a state of fatigue or frustration arising from devotion to a cause, a way of life or a relationship that has failed in terms of reward expected". Freudenberger found that professionals who worked directly with drug addicts showed a gradual loss of energy, motivation, and commitment. It was this specific state of exhaustion that led the American psychiatrist to define the term Burnout (Sá, 2002).

Over time, studies on Burnout were increasingly frequent, more specifically in professions directly related to the public. This growing interest in the topic led to the development of several definitions (Whatmore, 2000).

According to Shaufeli (1999), Burnout is "a metaphor that describes a state of exhaustion, similar to the fading of a fire or the extinguishing of a candle".

Another definition often cited in different works is that of Maslach and Jackson (1996) who define Burnout as "a syndrome of physical and emotional fatigue that leads to a lack of motivation to work, leading to a progressive feeling of inadequacy and failure. due essentially to the chronic stress associated with the lack of conditions at work and appears more frequently in helping professionals: doctors, nurses, social workers, police, and others" (Maslach *et al.*, 1996).

According to Maslach and Jackson, Burnout is an inappropriate response to chronic emotional stress where the individual manifests the following changes:

- Physical and/or psychological exhaustion where the individual has the impression of not being able to give more of himself.
- Development of cold attitudes towards clients and/or co-workers.
- Feelings of incompetence, professional or personal inadequacy that occur when needs exceed capabilities (Maslach *et al.*, 2001).

Maslach and Jackson's multidimensional model (proposed in 1982) argues that Burnout is characterized by three dimensions, emotional exhaustion, depersonalization, and lack of personal fulfillment. Emotional exhaustion is defined as an individual's exhaustion on an emotional and physical level. Depersonalization is defined by an individual's attitude of detachment from work and the client. The lack of personal fulfillment occurs when the individual experiences a feeling of professional ineffectiveness (Maslach *et al.*, 2001).

According to Ana Vasconcelos (2016) stress can be felt by any individual, but "Burnout is only experienced by individuals who start their careers with high ideals, personal investment and motivation and who then feel defrauded in their goals".

According to the WHO, Burnout is "a feeling of exhaustion, cynicism or negative feelings related to work and reduced professional effectiveness". Considering that the number of people with Burnout has increased from year to year, the WHO announced on May 22 of 2019, that this syndrome would become part of the international classification of diseases (SNS, 2020).

We can, therefore, conclude that Burnout is a physical, mental, and psychic exhaustion that is associated with professional activity.

Burnout can present several symptoms, they will be divided into four groups physical (Insomnia, too much sleep, motion sickness, sexual dysfunction); psychological (Lack of concentration, Impatience, Low self-esteem, mood swing); cognitive (Tendency towards isolation, excessive worry, suicidal ideas, Cynicism); behavioral (impulsiveness, Aggressiveness, loss of initiative) (Oliveira, 2019).

Burnout can have many causes and it is essential to understand each of them and that they can happen in isolation or together with others. These causes can be divided into two large groups, the first refers to personal or individual factors and the second refers to factors related to the organization (Lourenço, 2019).

Some examples of individual factors are age, gender, marital status, or a number of children (Silva, 2017). Speaking of individual factors, the personality of everyone has a lot of influence on the development of Burnout syndrome. People with low self-esteem, introverts, pessimists or even people who avoid emotional attachment have a higher level of Burnout (Santiago, 2018).

The causes of burnout can also be causes related to the organization itself. These causes are as important or more important than individual factors, as the adult individual spends most of their day at the workplace. One of the main ones is the type of work, as professions that deal directly with the public have a greater emotional overload and therefore have higher levels of burnout (Silva, 2016).

Other factors related to the organization itself are the lack of rewards, excessive policies, outdated procedures, the lack

of clear expectations that the employer has of the employee or even the absence of a workgroup or support group in the workplace. Broadly speaking, these factors can be divided into six areas. They are:

- 1st Work overload;
- 2nd Lack of control;
- 3rd Feeling of insufficient reward;
- 4th Absence of community;
- 5th Lack of justice;
- 6th Value conflict.

When employees have well-defined goals, but the company does not meet these same goals and does not recognize the work of employees, feelings of failure can arise that lead to burnout (Albuquerque, 2018).

Burnout has several consequences, both personally and professionally. On a personal level, we can divide it into four groups:

- Emotional: some examples are feelings of loneliness, anxiety, emotional detachment, or feelings of powerlessness.
- Altitudinal: some examples are cynicism, distrust, or apathy.
- Behavioral: irritability, isolation or sudden changes in mood are some examples.
- Psychosomatic: cardiovascular, immunological, respiratory, muscular, digestive, sexual, or nervous system problems are some examples (Santos, 2019).

At the organizational level, consequences are presented such as a decrease in the individual's interest in the work performed, which leads to a decrease in the effort dedicated to each activity, over time this has a clear consequence for the organization, the reduction of productivity. Another consequence is the decrease in job satisfaction, which leads to an increase in absenteeism and, consequently, to an increase in the abandonment of the workplace. This process also has consequences for the company, as they will lose the employee where they invested time and training and will have to carry out a new recruitment process and, consequently, a new training (Silva, 2016).

The tendency for accidents at work is also a consequence to be aware of. When individuals are unmotivated and tired, their commitment and attention will decrease, which can lead to errors and consequently accidents in the workplace. In addition, the individual may experience an increase in conflicts in the workplace, whether with colleagues, clients, or supervisors. All these factors lead to a progressive decrease in the quality of working life (Sousa, 2018).

Burnout prevention strategies can be divided into three groups, individual strategies (Problem solving, Effective time management, assertiveness); group strategies (Seeking support from colleagues and superiors) and organizational strategies (Development of preventive measures to improve the organizational climate) (Silva, 2016).

Regarding the intervention, we can also divide it into three groups, physical resources (Healthy eating, relaxation techniques, rest, Leisure activities, Physical exercise on a regular basis, Medication if needed, with medical supervision), psychic resources (Periodic assessment of the individual's quality of life, Procedures that favor self-knowledge, Use of free time with attractive leisure activities,

Living with less conflicting peers) and social resources (Review and restructuring of the organization and its work, Greater knowledge by the general population about their medical and social problems, Synchronization of economic, social and health plans) (Albuquerque, 2018).

II. METHODOLOGY

This investigation is divided into three phases, the first being the conceptual phase (problem identification, Bibliographic collection research, Definition of the object and objectives of the investigation, problem definition, Definition of research questions), the second the methodological phase (Research design, Explanation of the type of study, Definition of study variables, Conception of research hypotheses, Characterization of the target population and the sample, Determination of data collection instruments) and finally the empirical phase (Data collection, Presentation and processing of data, Analysis of results, final conclusions, Study limitations, Suggestions for future studies).

This investigation is based on the starting question: "What is the level of Burnout in Portuguese Audiologists?", from which the following hypotheses were formulated:

- H1: Age positively influences the level of Burnout.
- H2: Gender positively influences the level of Burnout.
- H3: Qualifications positively influence the level of Burnout.
- H4: Marital status positively influences the level of Burnout.
- H5: The number of people in the household positively influences the level of Burnout.
- H6: The number of children positively influences the level of Burnout.
- H7: The number of years of work positively influences the level of Burnout.
- H8: The main activity positively influences the level of Burnout.
- H9: The type of contract positively influences the level of Burnout.
- H10: The work area positively influences the level of Burnout.

For a correct analysis of the presented hypotheses, a questionnaire composed of two parts was used. The first part is a socio-demographic questionnaire and the second part the professional questionnaire (the Copenhagen Burnout Inventory).

After data collection, a database was created and then processed. This study was carried out using the statistical analysis program Statistical Package for Social Sciences (SPSS) version 26 for Windows.

In this investigation, the target population is represented by Portuguese audiologists. Considering that all Portuguese audiologists have a professional certificate, the ACSS (Central Administration of the Health System) was asked how many professional certificates for audiology technicians had been issued. After filling out the appropriate forms, it was found that on 12/28/2020 there were 693 ballots issued. It can therefore be concluded that the target population of this study is 693 individuals.

A sample of 209 individuals was collected, whose

characteristics will be analyzed in the next chapter. It can also be said that the sample is simple casual, as it is a probability sample where all individuals in the population have an equal opportunity to be included in the sample.

III. RESULTS

After presenting and interpreting the results, the presented hypotheses are validated.

A. Age Versus Burnout

- H0a: Age does not positively influence the level of personal Burnout.
- H1a: Age positively influences the level of personal Burnout.
- By observing the correlation between the age and personal burnout dimensions, it is possible to verify that the p-value is 0.168, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that age does not influence positively the level of personal Burnout.
- H0b: Age does not positively influence the level of work-related burnout.
- H1b: Age positively influences the level of work-related burnout.

By observing the correlation between the age and work-related burnout dimensions, it is possible to verify that the p-value is 0.535, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the age does not positively influence the level of work-related burnout.

- H0c: Age does not positively influence the level of burnout related to the client.
- H1c: Age positively influences the level of burnout related to the client.

By observing the correlation between the age and customer-related burnout dimensions, it is possible to verify that the p-value is 0.594, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that age positively influences the level of customer-related burnout.

B. Gender Versus Burnout

- H0a: Gender does not positively influence the level of personal Burnout.
- H2a: Gender positively influences the level of personal Burnout.

By observing the correlation between the gender and Personal Burnout dimensions, it is possible to verify that the p-value is 0.071, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that gender does not influence positively the level of personal Burnout.

- H0b: Gender does not positively influence the level of work-related Burnout.
- H2b: Gender positively influences the level of work-related Burnout.

By observing the correlation between the gender and work-related burnout dimensions, it is possible to verify that the p-value is 0.061, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that

the gender does not positively influence the level of work-related burnout.

- H0c: Gender does not positively influence the level of Burnout related to the client.
- H2c: Gender positively influences the level of burnout related to the client.

By observing the correlation between the gender dimensions and burnout related to the client, it is possible to verify that the p-value is 0.963, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the gender does not positively influence the level of burnout related to the client.

C. Qualifications Versus Burnout

- H0a: Qualifications do not positively influence the level of personal Burnout.
- H3a: Qualifications positively influence the level of personal Burnout.

By observing the correlation between the qualifications and Personal Burnout dimensions, it is possible to verify that the p-value is 0.679, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that qualifications do not influence positively the level of personal Burnout.

- H0b: Qualifications do not positively influence the level of work-related Burnout.
- H3b: Qualifications positively influence the level of burnout related to the client.

By observing the correlation between the qualifications and work-related burnout dimensions, it is possible to verify that the p-value is 0.722, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the qualifications do not positively influence the level of work-related burnout.

- H0c: Qualifications do not positively influence the level of Burnout related to the client.
- H3c: Qualifications positively influence the level of Burnout related to the client.

By observing the correlation between the qualifications and customer-related Burnout dimensions, it is possible to verify that the p-value is 0.922, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the qualifications do not positively influence the level of burnout related to the client.

D. Civil Status Versus Burnout

- H0a: Marital status does not positively influence the level of personal Burnout.
- H4a: Marital status positively influences the level of personal Burnout.

By observing the correlation between the marital status and personal burnout dimensions, it is possible to verify that the p-value is 0.224, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that marital status does not positively influence the level of personal Burnout.

- H0b: Marital status does not positively influence the level of work-related burnout.
- H4b: Marital status positively influences the level of work-related burnout.

By observing the correlation between the marital status and work-related burnout dimensions, it is possible to verify that

the p-value is 0.518, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that marital status does not positively influence the level of work-related burnout.

- H0c: Marital status does not positively influence the level of Burnout related to the client.
- H4c: Marital status positively influences the level of burnout related to the client.

By observing the correlation between the marital status and customer-related burnout dimensions, it is possible to verify that the p-value is 0.807, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that marital status does not positively influence the level of burnout related to the client.

E. Number of People in the Household Versus Burnout

- H0a: The number of people in the household does not positively influence the level of personal Burnout.
- H5a: The number of people in the household positively influences the level of personal Burnout.

By observing the correlation between the dimensions number of people in the household and personal burnout, it is possible to verify that p-value is 0.067, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the number of people in the household does not positively influence the level of personal Burnout.

- H0b: The number of people in the household does not positively influence the level of work-related Burnout.
- H5b: The number of people in the household positively influences the level of work-related Burnout.

By observing the correlation between the dimensions number of people in the household and work-related burnout, it is possible to verify that p-value is 0.024, which is a value lower than the significance level $\alpha = 0.05$, which makes us reject the null hypothesis and accept the alternative hypothesis (H5b) that the number of people in the household positively influences the level of work-related Burnout.

- H0c: The number of people in the household does not positively influence the level of Burnout related to the client.
- H5c: The number of people in the household positively influences the level of Burnout related to the client.

By observing the correlation between the dimensions number of people in the household and burnout related to the client, it is possible to verify that p-value is 0.020, which is a value lower than the significance level $\alpha = 0.05$, which makes us reject the null hypothesis and accept the alternative hypothesis (H5c) that the number of people in the household positively influences the level of Burnout related to the client.

F. Number of Children Versus Burnout

- H0a: The number of children does not positively influence the level of personal Burnout.
- H6a: The number of children positively influences the level of personal Burnout.

By observing the correlation between the number of children and Personal Burnout dimensions, it is possible to verify that the p-value is 0.311, which is a value higher than

the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the number of children does not positively influence the level of personal Burnout.

- H0b: The number of children does not positively influence the level of work-related Burnout.
- H6b: The number of children positively influences the level of work-related Burnout.

By observing the correlation between the number of children and work-related burnout dimensions, it is possible to verify that the p-value is 0.545, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the number of children does not positively influence the level of work-related Burnout.

- H0c: The number of children does not positively influence the level of Burnout related to the client.
- H6c: The number of children positively influences the level of Burnout related to the client.

By observing the correlation between the dimensions number of children and Burnout related to the client, it is possible to verify that p-value is 0.046, which is a value lower than the significance level $\alpha = 0.05$, which makes us reject the null hypothesis and accept the alternative hypothesis (H6c) that the number of children positively influences the level of burnout related to the client.

G. Number of Years of Work Versus Burnout

- H0a: The number of years of work does not positively influence the level of personal Burnout.
- H7a: The number of years of work positively influences the level of personal Burnout.

By observing the correlation between the number of years of work and Personal Burnout dimensions, it is possible to verify that the p-value is 0.678, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the number of years of work does not positively influence the level of personal Burnout.

- H0b: The number of years of work does not positively influence the level of work-related Burnout.
- H7b: The number of years of work positively influences the level of work-related Burnout.

By observing the correlation between the number of years of work and work-related burnout dimensions, it is possible to verify that the p-value is 0.853, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the number of years of work does not positively influence the level of work-related Burnout.

- H0c: The number of years of work does not positively influence the level of Burnout related to the client.
- H7c: The number of years of work positively influences the level of Burnout related to the client.

By observing the correlation between the dimensions number of years of work and Burnout related to the client, it is possible to verify that p-value is 0.488, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the number of years of work does not positively influence the level of burnout related to the client.

H. Main Activity Versus Burnout

- H0a: The main activity does not positively influence the level of personal Burnout.

- H8a: The main activity positively influences the level of personal Burnout.

By observing the correlation between the main activity and Personal Burnout dimensions, it is possible to verify that the p-value is 0.162, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the main activity does not positively influence the level of personal Burnout.

- H0b: The main activity does not positively influence the level of work-related Burnout.
- H8b: The main activity positively influences the level of work-related Burnout.

By observing the correlation between the main activity and work-related burnout dimensions, it is possible to verify that the p-value is 0.065, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the main activity does not positively influence the level of work-related Burnout.

- H0c: The main activity does not positively influence the level of Burnout related to the customer.
- H8c: The main activity positively influences the level of Burnout related to the client.

By observing the correlation between the main activity and customer-related burnout dimensions, it is possible to verify that p-value is 0.020, which is a value lower than the significance level $\alpha = 0.05$, which makes us reject the null hypothesis and accept the alternative hypothesis (H8c) that the main activity positively influences the level of burnout related to the client.

I. Type of Contract Versus Burnout

- H0a: The type of contract does not positively influence the level of personal Burnout.
- H9a: The type of contract positively influences the level of personal Burnout.

By observing the correlation between the dimensions of contract type and personal burnout, it is possible to verify that p-value is 0.488, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the type of contract does not positively influence the level of personal Burnout.

- H0b: The type of contract does not positively influence the level of work-related Burnout.
- H9b: The type of contract positively influences the level of work-related Burnout.

By observing the correlation between the dimensions of contract type and work-related burnout, it is possible to verify that the p-value is 0.407, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the type of contract does not positively influence the level of work-related Burnout.

- H0c: The type of contract does not positively influence the level of Burnout related to the client.
- H9c: The type of contract positively influences the level of Burnout related to the client.

By observing the correlation between the dimensions of contract type and customer-related burnout, it is possible to verify that p-value is 0.057, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the type of contract does not positively influence the level of Burnout related to the client.

J. Work Area Versus Burnout

- H0a: The work area does not positively influence the level of personal Burnout.
- H10a: The work area positively influences the level of personal Burnout.

By observing the correlation between the work area and personal burnout dimensions, it is possible to verify that p-value is 0.068, which is a value higher than the significance level $\alpha = 0.05$, which makes us accept the null hypothesis that the area of work does not positively influence the level of personal Burnout.

- H0b: The work area does not positively influence the level of work-related Burnout.
- H10b: The work area positively influences the level of work-related Burnout.

By observing the correlation between the work area and work-related Burnout dimensions, it is possible to verify that the p-value is 0.040, which is a value lower than the significance level $\alpha = 0.05$, which makes us reject the null hypothesis and accept the alternative hypothesis (H10b) that the work area positively influences the level of work-related Burnout.

- H0c: The work area does not positively influence the level of Burnout related to the customer.
- H10c: The work area positively influences the level of Burnout related to the customer.

By observing the correlation between the work area and customer-related Burnout dimensions, it is possible to verify that the p-value is 0.001, which is a value lower than the significance level $\alpha = 0.05$, which makes us reject the null hypothesis and accept the alternative hypothesis (H10c) that the work area positively influences the level of burnout related to the client.

IV. FINAL CONSIDERATIONS

This investigation aimed to analyze the level of Burnout of Portuguese audiologists and, if there is a difference between the level of Burnout in audiologists who work around diagnosis or rehabilitation. In addition to this variable, others that may influence the level of Portuguese audiologists Burnout and consequently their work were analyzed.

Therefore, in addition to the work area, other dimensions considered important were also studied, particularly: age, gender, qualifications, marital status, number of people in the household, number of children, number of years of work, main activity, and type of work contract.

To study this topic, an online questionnaire was sent and from the 693 Portuguese audiologists, a valid response was obtained from 209 individuals.

When analyzing the sociodemographic dimensions, most respondents are between 20 and 29 years old (51.7%), and from 30 to 39 years old, 38.8%, thus allowing the conclusion that most participants (90.5%) is very young (between 20 and 39). Regarding gender, the predominance is greater in females (88.5%).

In this study, it was found that the level of personal Burnout in Portuguese audiologists is 42.68, while the level of work-related Burnout in Portuguese audiologists is 43.75 and the level of Burnout related to the client in Portuguese

audiologists is of 43.26.

In a study carried out by (Ferreira, 2015) the level of Burnout in Portuguese audiologists (population of respondents from the University of Coimbra) was analyzed, the results of which were as follows:

- Personal Burnout Level in Portuguese Audiologists 35.02;
- Burnout level related to work in Portuguese audiologists 41.33;
- Burnout level related to the client in Portuguese audiologists 29.51.

If we compare the data obtained in the study by (Ferreira, 2015) with the data obtained in this dissertation, it would be verified that the level of Burnout is much higher in all aspects of it, especially in personal Burnout and Burnout related to the client:

- Personal Burnout Level in Portuguese Audiologists. It goes from 35.02 in 2015 to 42.68 in 2021;
- Burnout level related to work in Portuguese audiologists, increases from 41.33 in 2015 to 43.75 in 2021;
- Burnout level related to the client in Portuguese audiologists, increases from 29.51 in 2015 to 43.26 in 2021.

In this study, the work area influences the level of work-related Burnout and the level of Burnout related to the client in Portuguese audiologists but does not influence the level of personal Burnout. That is, at the level of personal Burnout there are no statistically significant differences in the different areas of work of Portuguese audiologists, but in work-related Burnout and in client-related Burnout there are. The level of work-related burnout is higher in audiologists working in the rehabilitation field (both auditory and vestibular) compared to audiologists working in the diagnostic field. The Burnout levels presented are still considered low, but it should be noted that it has grown in the last 6 years.

In addition to the variable described above, this investigation also shows us which factors influence the different aspects of Burnout. Personal Burnout is not influenced by any variable, work-related Burnout is influenced by the number of people in the household, while customer-related Burnout is influenced by three variables: the number of people in the household, the number of children and the main activity.

CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

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