



# Profile and mental health of speech language pathologists and audiologists in a northeast capital of Brazil

## Perfil e saúde mental dos fonoaudiólogos de uma capital do nordeste, Brasil

## Perfil y salud mental de los fonoaudiólogos de una capital del nordeste, Brasil

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### Abstract

Health professionals do not recognize that they are liable to physical and mental illnesses. **Objective:** to describe the profile and mental health of speech language pathologists and audiologists from a northeastern capital of Brazil. **Method:** descriptive transversal study using the *Saúde Mental dos Profissionais de Saúde* (mental health of health professionals) questionnaire. The analysis included: socio-economic characteristics, professional commitment, working conditions, sexuality, family/social life, use of alcohol and drugs, general health condition, mental stress and suffering. The population consisted of speech language pathologists and audiologists from all public and private services in a northeastern capital of Brazil. The data was analyzed in a descriptive manner. **Results:** The population consisted of 36 speech language pathologists and audiologists, mainly women, aged between 31 and 40, who had graduated up to 10 years before the study. The data showed that the majority of the population has health insurance patients. One third considers their earnings unsatisfactory. The majority works for 8 to 14 hours per day on 5 to 6 days per week, and some do not remember their last medical exam. Some reported to drink alcohol on a weekly basis, others to have been drunk at least once during the last year. Concerning their relationships, some reported to have been unfaithful, while a great part show risk behavior for extramarital affairs. It was found that the population suffers from phobias, panic

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syndrome, and, partly, depression. Some participants have even considered suicide. **Conclusion:** For the population in question, the study revealed evidence of mental suffering and the necessity of major health care and investments.

**Keywords:** Health Profile; Mental Health; Speech, Language and Hearing Sciences; Job Satisfaction; Self Care.

## Resumo

Os profissionais de saúde não se reconhecem passíveis de adoecimento físico e mental. **Objetivo:** Descrever o perfil e a saúde mental dos fonoaudiólogos de uma capital do Nordeste, Brasil. **Método:** Estudo descritivo, transversal, que fez uso do questionário Saúde Mental dos Profissionais de Saúde. Foram incluídas as categorias de análise: características socioeconômicas, investimento profissional, condições de trabalho, sexualidade, vida familiar e social, uso abusivo de álcool e drogas, estado geral de saúde, estresse e sofrimento psíquico. Participou a população de fonoaudiólogos de todos os serviços públicos e privados de uma capital do Nordeste. Os dados foram analisados de forma descritiva. **Resultados:** A população foi constituída por 36 fonoaudiólogos com predomínio de mulheres, entre 31 e 40 anos de idade, e a maioria com até dez anos de graduação. Os dados mostram que a maior parte da população trabalha com planos de saúde; um terço considera seus honorários insatisfatórios. Do total, a maioria trabalha de 8 a 14 horas diárias, de 5 a 6 dias por semana, e alguns não lembram quando foram ao médico. Alguns revelaram beber semanalmente e outros referiram embriaguez no último ano. Sobre relacionamentos, alguns afirmaram ser infieis, uma parcela maior dos respondentes aponta para comportamento de risco nas relações extraconjugais. Detectou-se que a população tem fobias e síndrome de pânico; a maioria referiu que já se deprimiu, e alguns já pensaram em suicídio. **Conclusões:** A pesquisa revelou indícios de sofrimento mental, apontando para a necessidade de maiores cuidados e investimentos na própria saúde destes profissionais.

**Palavras-chave:** Perfil de Saúde; Saúde Mental; Fonoaudiologia; Satisfação no Emprego; Autocuidado.

## Resumen

Los profesionales de la salud no se reconocen pasibles de enfermedades físicas y mentales. **Objetivo:** Describir el perfil y la salud mental de fonoaudiólogos de una capital del Nordeste, Brasil. **Método:** Estudio descriptivo, transversal, que utilizó el cuestionario Salud Mental de los Profesionales de la Salud. El análisis incluyó las siguientes categorías: características socio económicas, inversión profesional, condiciones laborales, sexualidad, vida familiar y social, abuso de alcohol y drogas, estado general de salud, estrés y sufrimiento psíquico. Participaron fonoaudiólogos de todos los servicios públicos y privados de una capital del nordeste. Los datos fueron analizados de forma descriptiva. **Resultados:** Población se constituyó por 36 fonoaudiólogos con predominio de mujeres, de 31 a 40 años, la mayoría con hasta diez años de carrera profesional. Los datos demuestran que la mayoría de la población trabaja con planes de salud; un tercio está insatisfecho con sus honorarios. La mayoría trabaja de 8 a 14 horas diarias, de 5 a 6 días semanales y algunos no recuerdan cuando fueron al médico por última vez. Algunos revelaron beber semanalmente y otros refirieron embriaguez en el último año. Sobre relacionamientos, algunos afirmaron ser infieles, una parte mayor apunta para comportamientos de riesgo en las relaciones extraconyugales. Se detectó que la población presenta fobias y síndrome de pánico; la mayoría se refirió a ya haberse deprimido y algunos han pensado en suicidio. **Conclusiones:** La investigación reveló indicios de sufrimiento mental y apuntando para la necesidad que tienen estos profesionales de mayores cuidados e inversiones en la propia salud.

**Palabras claves:** Perfil de Salud; Salud Mental; Fonoaudiología; Satisfacción en el Trabajo; Autocuidado.

## Introduction

The evolving process of the health professions is suffering from the impact of globalization, technological evolution, the rapid circulation of information and the quality of University education.

In this actual context, potential environmental stress factors classified as occupational, social and domestic emerges which can develop stress in the professionals<sup>1</sup>. The domestic issues including conflicts with children and ill health that, perchance, could develop; the social, with respect to the way of life and the intrinsic values to this lifestyle; and finally, the occupational stressors such as a conflict between work team and physical environmental conditions<sup>1-2</sup>.

These stressors could work, sometimes, as a threat to the well-being and self-esteem of health professionals, which are the object of this current study, and it depends on personal characteristics such as gender, age, attitudes, values, beliefs, experiences, profession, among others factors. At the same time, it is observed in the healthy labor market, the increase in the incidence of unemployment, the development of underemployment and the attitude of private health plans that outsource this labor force with fees below the minimum expected, generating changes in the economic, social and cultural conditions of these professionals.

Under this framework, come in the last decades, major changes in the relationship between health professionals and their patients. However, the most important are certainly the fact that labor health practices are performed purely according to commercial firms, such as covenants and insurers. The user is no longer a patient and buys the services that are offered through the covenant list, in this way, professionals are presented in mass without the recognition of intellectual and individual values, resulting in annihilation based on poor quality and single remuneration<sup>3</sup>.

The cruelty is that society is not sensitive to the difficulties of the professionals working with health and are unaware of the restrictions imposed by health care plans which often prevents professional to request a number of needed clinical tests or procedures and threaten to discredit and reject payment of consultation already done, of the professionals who question this abusive practices<sup>3</sup>. These and other factors can influence the physical and mental health of health professionals. It has been observed

the need to identify the role of speech-language pathologists in the postmodern society, its inclusion in the socioeconomic and cultural context, considering their responsibilities to their patients and themselves, their ability to care for others and analyze their own reasons for ill health and take care of them. It is known that the caregiver also has emotional needs which may include identity crises, professional doubts, loneliness, the feeling of existential emptying and often, depressions. These are revealed in a masked form, concealing the anguish that is reduced to take care of the pain of the other, often working in an inadequate, narcissistic, omnipotent and authoritarian manner<sup>4</sup>.

This work aims to describe the profile and mental health of speech-language pathologists in a capital of Northeast Brazil.

## Methods

This is an exploratory, descriptive, cross-sectional study. Out of the 39 active and registered professionals, this sample consisted of 36 speech-language pathologists (SLP) who provide service to public and private institutions in a capital of Northeast Brazil. We used the questionnaire called Mental Health of Health Professionals - MHHP, validated<sup>5</sup> based on the framework of psychiatric interviews. This questionnaire is able to point features, according to socioeconomic variables and pertaining conditions to their work and occupational routines, and also to recognize the working conditions, lifestyles, and forms of illness and psychological distress.

The questionnaire used is self-explanatory and self-applicable, constituted by 69 closed questions, considering the assessment of psychic order variables and general identification data and income; professional investment and working conditions; family and social life; general health conditions; drugs, smoking, and alcohol; sexuality and romantic relationships. The questionnaire ensures the complete anonymity of the respondents. The data was calculated to build a database offering conditions to describe the potential environmental stressors acting on the mental health of the speech-language pathologists of a capital in the Northeast Brazil.

Included in the analysis were the following categories; socioeconomic characteristics, professional investment, working conditions, sexuality,

family and social life, abuse of alcohol and drugs, general health, stress and psychological distress. The responses were analyzed descriptively.

The Ethics Research Committee for Human beings at the Federal University approved this study and speech-language pathologists agreed to participate in it by signing the Consent Form authorizing the dissemination of its results according to Resolution 466/12 (BRASIL, 2012).

**Table 1.** Socioeconomic characteristics of speech-language pathologists in Aracaju - SE

Variables	%
<b>Feminine gender</b>	92
Age (years)	
20-30	31
31-40	31
41-50	28
> 51	9
<b>Marital status</b>	
Single	50
Married	44
<b>Conjugal union</b>	
First	36
Second or third	8
Full or partial participation in the household budget	94
Private health plan to see clients	92
<b>Satisfaction with fees</b>	
Satisfied	61
Partially	55
Fully	6
Dissatisfied	36
<b>Purchased goods</b>	
Own home	41
Car	64
consultation office	6
Rental office	71
Consultation office rental with colleague	35

## Results

The results show the socioeconomic characterization of the speech-language pathologists (Table 1), professional investment and working conditions (Table 2), family, social life and health conditions (Table 3), sexuality and romantic relationships (Table 4) and psychic aspects (Table 5).

**Table 2.** Professional investment and working conditions in Aracaju - SE

Variables	%
<b>Graduation (years)</b>	
To 10	53
11 to 25	36
More than 25	11
<b>Professional achievement</b>	
Partial	47
Total	53
<b>Proud of oneself and the professional achievements</b>	
Ever	47
Rarely	11
Study group membership	44
<b>Postgraduate studies</b>	
Specialization	75
Masters or Doctorate	0
<b>Professional relationship</b>	
Self employed	61
A single job	28
Two or more links	11
Workload between > 8-14h / day	85
<b>Complains in Board of profession</b>	
No	97
Missing	3
<b>Feeling of being obsolete, outdated and difficult to develop</b>	
Yes	22
Rarely	33

**Table 3.** Family life, social and health conditions in Aracaju - SE

Variables	%
<b>Children</b>	
No	50
Yes	50
<b>Number of children</b>	
One	36
Two	14
Effective involvement with children	62
Rarely go out with friends	22
It is allowed to dance	25
<b>Vacation</b>	
Plans	52
You cannot plan	17
Did not enjoy holidays in recent years	22
<b>Health Conditions</b>	
Not remember when performed health checks for the last time	6
Sedentary lifestyle	42
Blood pressure changes	22
Take medication to control blood pressure	6
Frequent headache	34
Regular analgesic use	34
<b>Use of illicit drugs</b>	
Yes	0
Missing	69
Have worked under the influence of psychotropic drugs	3
<b>Alcoholic beverage</b>	
No	25
Rarely	50
<b>Working under the influence of alcohol</b>	
Missing	3
No	97
<b>Number of drinks consumed</b>	
Two to three doses	36
More than three doses	25
Drunkenness last year	33
Two to three times	11
> Three times	3

**Table 4.** Sexuality and relationships in affective Aracaju - SE

Variables	%
<b>Sexuality</b>	
Straight	92
Missing	8
<b>Sexual conflicts</b>	
No	97
Missing	3
<b>Sexual satisfaction</b>	
Satisfied always or almost always	78
Rarely	11
<b>Sexual disorders</b>	
Missing	69
Some type of sexual disorder	9
Orgasm absence or frigidity	3
Ever unfaithfulness in a stable relationship	14
Stable relationship	42
Poor emotional relationship	6
Open relationship	22
Thoughts of separation	11
<b>Frequency of sex</b>	
A once weekly	22
Two to three times weekly	19
Once a month	19
Rare	14
<b>In sexual encounters or extramarital relationship</b>	
Make systematic use of condoms	35
Sometimes use a condom	28
Rarely use condoms	6
Risk behaviour	34
Missing	28
Does experience	3
<b>Masturbation</b>	
Yes	17
Never	19
Rarely	53

**Table 5.** Psychic aspects

Variables	%
<b>Sleep disorder</b>	
Yes	14
With constant nightmare	3
<b>Memory for tasks and appointments</b>	
Need to use Schedule	47
<b>Concentration on making small calculations</b>	
Discretely committed	19
Some disturbances	8
Panic Syndrome	11
Phobias	26
Mood changes	39
Symptoms of depression	58
Frequent episodes of depression	8
Have you ever thought about suicide	3
They made or makes psychotherapeutic treatment	52
They made or makes psychiatric treatment	3

## Discussion

### *Overall data identification and income*

The results of this survey reveal that 92% of interviewees are female, as compatible with the national trend of increased female participation in all educational segments, from high school till graduation, as are women the largest holders of scholarships master's and doctorate in the country<sup>6</sup>. In relation to the total available labor force in the state, 44% are women and 20 % of them are self-employed, including in it the speech-language pathologists<sup>7</sup>. The female is also a predominant feature among speech-language pathologists in Brazil<sup>8-10</sup>. With respect to age , current research shows similarity in the distribution of different age groups , and only 9 % are over 51 years old This can be explained as it is a recent profession, regulated in 1981<sup>11</sup>.

In relation to marital status, among the 44% married workers, 36% are in their first marriage and 8% in the second or third marriage, percentages similar to the numbers of the Census 2010<sup>12</sup>. In Brazil, the numbers of civil and religious marriage decreased to 42, 9% in general. The consensual union is fastest growing (reaching 36.4%). The rate of the country's legal marriage in 2009 was

6.5 %, and Sergipe is one of the states with the lowest rate (4.6%)<sup>12</sup>.

In this study, we researched the household budget of speech-language pathologists and their participation in it, and it was found that 94% assume full or in part the household expenses. This percentage differs from the literature, which found 49% of Brazilian men with greater participation in the household expenses<sup>13</sup>.

In the literature, there are two studies on remuneration and motivation: those who believe that the remuneration is an element of motivation and those who believe that the salaries do not replace the internal motivation that drives someone to do what gives one pleasure and fulfillment. There are people who are happy doing what they like as long as there is a minimum of financial returns to ensure a dignified survival. Other studies state that work transcends the simple economic or emotional need, and the fact of being useful and the feeling of helping others often, outweighs the low pay issues<sup>14</sup>.

Among the people surveyed in this study, there was a predominance of speech-language pathologists who depended on private health care plans to provide services to their clientele, but one-third reported dissatisfaction on it. This dissatisfaction is recorded on a research that traced the SLP profile in São José dos Campos (SP) and noted that 78% worked in private practice and clinics, around 30 hours per week, all dependent on the health care plans and earning up to 10 minimum wages salaries<sup>15</sup>. Another study, in Fortaleza (CE), found an even worse situation; 83% of professionals received 4 to 6 times the minimum wage with a workload of 30 to 40 hours per week<sup>16</sup>.

In this professional category, a small number of respondents own their homes, but most have a car. Only 6% of these professionals are owners of their consulting rooms, most have rented, and third rented in partnership with colleagues.

In this perspective, it is observed the low remuneration offered by health care plans and private companies to the specialized services offered by these professionals. This prevents the acquisition of basic tangible assets to promote their well-being, such as residential property and car for the transfer between the various places of work with long working hours.

These data are consistent with the previous study that identified factors of motivation and job dissatisfaction of nurses in hospitals and health

facilities, public and private, in Aracaju (SE), with emphasis on pay and working conditions. As a result, the remuneration is not the main factor for motivation at work, being, however, one of the most stated dissatisfaction factor, preceded by the working conditions<sup>14</sup>.

The previous qualitative research analyzed the reasons for satisfaction and dissatisfaction of family health professionals and traditional primary care workers in the Southwest Paraná. The main job dissatisfaction reasons relate to problems in relationships with users and families, insufficient salary, difficulties in teamwork, including a deficit in equipment and working conditions, excessive workload and lack of understanding of the model of work. They concluded that the subjective dimension influences job satisfaction, but specific conditions for carrying out the work are highly significant<sup>17</sup>.

### *Professional investment and working conditions*

As for the length of work, after graduation, most have up to a decade, the third one to two decades, and only a minority has more than two decades after graduation. This is from the fact that this profession is still very young<sup>11</sup>.

The majority stated having a full professional achievement, and a small number stated that their professional achievement was partial. The largest number of respondents stated to feel proud of them and their personal and professional achievements, revealing a high self-esteem while a percentage of 11% revealed that rarely felt proud of themselves. Authors suggest that, despite great adversity suffered in certain health practices and specialties, such as the Speech-language pathology, it is possible for the professional to remain satisfied and proud of their actions<sup>18</sup>.

In this work, only a small number of professionals declared themselves as participants in study groups. As for Post-graduation, most have different specializations, and it was not identified any professional with a Masters and or Doctorate (Ph.D.). A similar result was found in a study in the city of Fortaleza (CE)<sup>16</sup>. However, between 1976 and 2008 there was a significant increase of speech-language pathologists with Ph.D. in Brazil<sup>10</sup>.

In this current study, in relation to the employment conditions, most are self-employed, less than

half have a single job, while 11% have two or more employments and more commonly work between eight and fourteen hours per day, showing free time reduction for leisure, participation in study groups or post graduate studies and are at risk of psychosomatic diseases. The Monitoring Centre on Health of the State of São Paulo<sup>19</sup> relates the professional activities of some professions to high stress, which is secondary the organization and risks of the work, which together jeopardize their mental health.

A small percentage failed to answer the question of complaints on their Professional Council and stated they have never been reported to it. Another percentage that draws attention is that of the respondents who said they often feel obsolete, outdated and with difficulties to update their skills. A third of the professionals reported having the same feeling, even if not so often.

Health professionals, in general, as opposed to the other categories, struggle to reduce their working hours. It's as if they do not realize that their work overload leads to physical and mental fatigue, with possible neural vegetative and physiological changes that may manifest as dizziness, headaches, tremors of extremities, sleep disturbances, reduced libido, impotence, changes in concentration and reduction of their working capacity<sup>20</sup>.

A previous study evaluated manifestations of stress, stress perception and stressful work factors in 25 professionals of mental health services in the State of São Paulo with at least six months of professional experience. It was applied the Inventory of Stress Symptoms for Adults. It was observed that 36% of the responders had stress manifestation, and 44% of them were perceived under stress. Working conditions such as working hours, management structure and relationships at work were associated with the perception of being under stress<sup>20</sup>.

Another study investigated the perception of health professionals regarding their pain complaints, how they lived with this suffering and how it interfered in their quality of life. It was concluded that the pain differed according to the profession and work activity with an impact on emotional health, work, and social activities. Occupational psychosocial factors can influence or aggravate musculoskeletal symptoms. Thus, the work, instead of being an activity of personal fulfillment and pleasure, becomes a somatization path to diseases<sup>21</sup>.

### *Family and social life*

Of the total sample, half have children, most have one child. Among those who have children, only 62% engage effectively and deeply with them, knowing their friends and helping them with school activities. This familiar context implies a heavy workload and increased responsibilities. Considering the family constitution in Brazil, the average number of children for women with higher education is 1.14 children, with fertility decreasing with increasing income<sup>12</sup>. The national survey by Datafolha Institute, shows that 29.2% of households are headed by women, 33% of respondents think that women should stop working outside the home to pay more attention to the children<sup>22</sup>.

In the current study, a small proportion of speech-language pathologists are able to go out and meet with friends, and a few allow themselves dancing on a week basis. Regarding the holidays, most always plan it, though some professionals cannot plan it and others were not able to take them in the last two years. Possibly the professional status of self-employment imposes difficulties in taking a break as it is necessary to meet financial commitments. Another reason for the difficulty in taking vacation lies with the family schedule, and also the factor that family income can prevent using it for leisure

### *General health conditions*

Regarding health routine tests, 6% don't even remember when they had them for the last time, and 42% do not bother to maintain their health through systematic physical activity – numbers similar to the rates of the National Health Survey. In this survey, it was found that 46% of Brazilians do not practice enough physical activity during leisure time, or at work. The Brazilian Geography and Statistical Institute stated in this survey, that to be sufficient, we need to practice a physical activity for at least 150 minutes per week<sup>12</sup>.

It was found professionals with blood pressure alterations and only 6% of them control it with medication. This data is consistent with the National Health Survey: the proportion of Brazilians diagnosed with hypertension increased from 21.6% in 2006 to 23.3% in 2010<sup>12</sup>.

In this research, a high percentage of speech-language pathologists revealed to have frequent headaches, and the same percentage makes regular use of medications (analgesics, mostly), probably because of the pain felt.

### *Drugs, smoking and alcohol*

None of the professionals stated use of illicit drugs. However, it is noticeable that most have left the answer blank, and some reported having worked under the influence of psychotropic drugs, which indicates that these professionals did not value the research as an improvement of a collective public health, neglecting to fill in this questions, or for fear - even though they would not be identified - or even for prejudice in answering this type of question.

Brazil follows a global trend of reducing the number of smokers, revealing that only 14.7% of Brazilians are smokers. However, in the present research, the figures suggest the need for special attention to the 19% of professional who reported being smokers<sup>12</sup>.

It is estimated by the Ministry of Health that a quarter of the population, throughout life, need some kind of mental health care. Although Brazil has a high consumption of alcohol, there has been a decrease, per capita, in the consumption of pure alcohol in Brazil (legal and illegal) between 2005 (9,9L) and 2010 (8,7L), and other drugs also<sup>12</sup>.

Respondents of this current research revealed that less than half of them do not drink alcohol, and half drinks rarely and on special occasions. However, the following data point to the abuse of alcohol. When asked about having worked under the influence of alcohol, some preferred to leave the answer blank and others denied. Regarding the number of drinks consumed, 36% drank two to three doses, while 25% said they consumed more than three drinks. A third of speech-language pathologists confessed two to three times drunkenness in the last year, and some have lost control over their limits and said they got drunk more than three times.

### *Sexuality and romantic relationships*

Most speech-language pathologists declared themselves heterosexual, and 8% of them preferred not to answer the question. When asked about sex-



ual conflicts, most replied that they had them and some failed to answer the question, which shows the difficulty of dealing with this issue, even in an anonymous questionnaire. With regard to sexual satisfaction, most feel satisfied, always or almost always, and 11% rarely have pleasure.

When asked about the presence of sexual disorders, most did not respond, reinforcing the taboo on sexual issues, and few pointed some sort of difficulty. Among these, some speech-language pathologists reported frigidity and lack of orgasm.

Affectionate relationships and sexuality of humans and the enigma of death, are elements that generate more anxiety, frustration, and suffering. They are sources which oscillate quickly and often, from pleasure to pain and suffering, causing defense mechanisms and encouraging the formation of ill symptoms<sup>23</sup>.

With regard to infidelity, a small percentage of the professionals admitted it, even those having stable relationships; most have a stable loving relationship; others reported having a poor emotional relationship; others have an open relationship, without commitment; others revealed thoughts of separation. A study sought the reasons for the occurrence of infidelity and evaluated that in Brazil, 494 people (156 men and 338 women) pointed out that the “opportunity arose” as a reason for infidelity most often cited by men and “unhappiness with the relationship” as the most reported by women. In addition, had been unfaithful before to a partner and less satisfaction in the relationship were the variable predictors for infidelity<sup>24</sup>.

A psychiatrist, researcher at the University of São Paulo (USP), coordinated the Study of Brazilian Sexual Life, with more than seven thousand people in 13 states. This study found that half of the men and a quarter of women confessed that they have had at least one extramarital affair and that betrayal is the cause of a third of divorces in the country<sup>25</sup>.

As for the frequency of having sex, some have two to three times a week, others only once a week, some once a month and others rarely.

In the case of casual sex or extramarital relationships, in relation to the use of condoms, only a third made systematic use of it, followed by those who used them a few times and those who rarely used it. This shows behavioral risk. Also with respect to this question, one-third of respondents failed to answer it, and some said they did not have

this kind of experience. Regarding masturbation, the majority rarely does it, followed by those who said they never do and those that do it often.

### *Evaluation of psychic order variables*

Sleep disorders are perhaps one of the most common symptoms when someone feels in a situation that requires some sort of effort or promotes the challenge. It is understood as sleep disorders any difficulty falling asleep and staying asleep (insomnia); excessive sleepiness; the sleep-wake pattern of disorders and parasomnia are sleepwalking, night terrors and bruxism (teeth grinding that increases as stress increases). Studies show that working conditions can cause sleep disturbances<sup>26</sup>. Regarding the sleep disorder in this study, there were reports of having nightmares often.

To remember tasks and appointments, many revealed the need for calendar use, pointing perhaps to a change of memory path. Regarding the ability to concentrate and carry out small calculations some reported feeling slightly compromised. Among those surveyed, some have had some perception of disorder, others have had panic disorder symptoms and a high proportion, stated having some phobias.

Professional often have difficulties in assessing that the fatigue they are feeling is stress or not, due to it being a subjective perception. Only the personal history of each person and his experiences can give clues about the symptoms that the person feels in order to discern between mere physical fatigue or stress. Tiredness is more of a physical fatigue and able to disappear after a good night's sleep restoring the forces of the person. Since stress has a physical and emotional weight serving as a trigger to burnout, when prolonged, it in turn triggers the various psychosomatic disorders and chronic diseases<sup>20,26</sup>.

This term, burnout, of English origin, means a fairly advanced stage of stress in which one has stopped working due to exhaustion. It is a concept that cannot be ignored when working with the mental health of professionals. The psychoanalyst Herbert Freudenberger<sup>27</sup> and social psychologist Cristina Maslach<sup>28</sup> developed, in the 1970s, the concept as the emotional result before chronic stress situations and related to the challenges faced by professionals caring for others, given the quality of the established relationships with either

patients or with their peers and or other health professionals, or the way they seek recognition for their work, which always seem very far or insufficient in the face of numerous expectations raised in relation to the professions using white coats<sup>5</sup>.

The burnout has an insidious onset and erodes the relationship that the professional has with its working activities. The most common symptoms of burnout are malaise, feelings of exhaustion or fatigue, loss of energy leading to physical, mental and emotional exhaustion, feelings of helplessness and misery, reduced self-esteem, loss of motivation and enthusiasm for the profession and other areas of your life and the feeling of helplessness, of being outdated and devoid of emotional and technical resources to continue seeing clients, turning the work into a prison that generates great suffering<sup>20,26</sup>.

In this study, 58% of the speech-language pathologists reported often having anxiety and stress. It can be concluded, in the face of numerous studies, that the damage to the health of health workers are resulting from relevant characteristics of these professionals' activities and occupational hazards they are exposed to and also related to the type of organization and working relations. In a literature review, on the occurrence of Burnout Syndrome in speech-language pathologists who work in hospitals, the authors concluded that, because of their work activities, the professionals need to be aware of their physical and mental health, as they depend on these factors for the quality of their work<sup>26</sup>.

In this survey, 39% of respondents reported having constant mood swings, and the majority of respondents (58%) have had some time, symptoms of depression. Of the latter, 8% have frequent episodes of depression, and (3%) thought, at least once in suicide.

When asked about psychotherapeutic treatment, the majorities (52%) said they did or are doing it, and 3% are or have been in psychiatric treatment. Thus, it is visible that the work, combined with other types of potential life stressors can cause mental suffering to these and other professionals. This suffering is often promoted by the great discomfort with the unpleasant feeling of helplessness so that frustration, pain, and suffering shows up in their daily lives<sup>29</sup>.

Studies conducted in Aracaju (SE) with professionals working in medicine, nursing,

physiotherapy, speech-language pathologists and psychoanalysis and their respective class leaders showed overload of work, physical exhaustion and signs of psychological distress, revealed through psychopathological, psychological and behavioral expressions<sup>5,30</sup>.

To the limitation to this study, stands out the lack of research, for comparison of data on the profile and mental health of speech-language pathologists from other regions of Brazil, as well as medical and psychological individual evaluation with a control group. Such information may be valuable for future studies interested in analyzing with more details all these findings.

## Conclusion

According to this research, it was possible to trace the profile of speech-language pathologists in a capital of Northeast Brazil: female, single, sexually active, between 31 and 40 years old, childless, full provider of household expenses, home and consultation office, ownership of cars, graduated between six and ten years, working eight hours a day, self-employed.

Maintain risks on sexual encounter by not using condoms in casual sex; most are emotionally unstable and some are unfaithful. The majority has a healthy habit of systematic practicing physical activities; suffer from headaches and are normotensive.

In analyzing the results, it is clear that in some cases, the workload of working with physical exhaustion, headaches, insomnia, mood changes, combined with certain psychopathological, psychological and behavioral expressions, such as alcohol abuse, a state of depression, phobias and suicidal thoughts may be associated with mental distress.

As initial assumptions, the research reveals mental suffering signs on this professional category, showing a greater need for care and attention in regarding their health.

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