

Prevalence and Influencing Risk Factors of Voice Problems in Priests in Kerala

Usha Devadas, Navya Jose, and Dhanshree Gunjawate, *Manipal, Karnataka, India*

Summary: Objective. Voice problems are commonly reported by professionals in occupations involving a large amount of voice loading. The aim of the present study was to investigate the prevalence of voice problems in Mar Thoma priests and identify possible risk factors responsible for voice problems.

Study design. This is a cross-sectional study.

Method. The study group consisted of 270 Mar Thoma priests with 1–35 years of professional experience. A self-reported questionnaire was used to collect the data.

Results. Mar Thoma priests were found to have higher career (47.8%) and year prevalence (25.2%) of voice problems with 17.8% of them reporting frequent voice problems during their career. Asthma, allergy and frequent throat clearing behavior were found to have significant association with priests reporting frequent voice problems. Significantly higher number of priests with frequent voice problems missed their work.

Conclusion. The study results provide valuable preliminary information regarding the prevalence voice problems and associated risk factors in Mar Thoma priests. However, further investigations are required for in-depth understanding of the types of voice problems these priests experience and their impact on their quality of life.

Key Words: Professional voice–Voice problems–Mar Thoma priests–Prevalence–Risk factors.

INTRODUCTION

“Professional voice” brings to the mind a singer or an actor, whereas “occupational voice” includes all employment categories where a clear, dependable, strong, and pleasant voice is a prerequisite.¹ In today’s society, there are many professions who can be grouped under occupational voice users, and priests are one of them. Like other professionals, voice is primary component of the priest’s occupation, and voice problems may have a negative impact on their career.² Clergy and priests are religious and spiritual leaders, teachers, and interpreters of their traditions and faith. They are involved in regular religious services and ceremonies such as weddings and funerals. They may lead worshipers in prayer, administer sacraments, deliver sermons, and read from sacred texts such as the Bible. Apart from conducting worship services, they organize, supervise, and lead religious education programs for their congregations. They also visit the sick or bereaved to provide comfort, and counsel persons who are seeking religious or moral guidance, or those who are troubled by family or personal problems. This may lead to very limited vocal rest for priests. However, the nature of work may vary between priests as some priests may share their duties with an associate or have more junior members of the clergy to assist them.³

A study conducted by Middleton and Hinton⁴ reported that while conducting religious classes, some priests may exhibit vocally abusive behaviors such as yelling, raising their voice, frequent coughing, loud talking during respiratory infections, speaking in noisy environment, and frequent telephone use.

Another study conducted on female pastors in North Carolina also reported that female pastors are engaged in certain vocal behaviors (calling from a distance, exposure to environmental irritants, grunting during exercise or lifting, laughing hard, singing, talking loud during respiratory infections, extended talking, talking in noisy environments, excessive telephone use, and yelling or screaming) that could negatively affect their voice.⁴ Sometimes, priests may need to provide their services where there is poor atmospheric humidity or in noisy environments (banquet rooms, cemeteries, etc) by raising their voice or talking loudly where amplification systems are not available.⁵ All of these vocal behaviors put priests under greater risk of developing voice problems. However, these issues are minimally addressed in the literature.

Few recent studies conducted in the literature reported higher prevalence of voice problems among priests. A study conducted in Brazil on 56 preachers reported high prevalence of certain vocal symptoms such as throat clearing (78.5%), hoarseness (57.1%), and laryngeal pain or irritation (51.8%).⁶ Hocevar-Boltezar⁷ conducted a study on 340 Slovenian Catholic priests and reported higher career prevalence of voice problems (85.6%), and among them, 15.9% of the priests reported experiencing these problems frequently. Further, the study also reported that voice disorders during education, not having lessons on proper vocal technique, frequent throat clearing, and vocal load during spare time were significant risk factors associated with priests experiencing frequent voice problems. Hapner and Gilman⁸ conducted a questionnaire study on 75 Jewish cantors who are considered to have similar work responsibilities to that of priests. The results of the study indicated that 65% of the cantors experienced voice problems that interfered with their abilities to perform their duties at some time during their career. Most cantors reported higher vocal demand by either speaking or singing for at least 45 hours per week. The high vocal demands, reduced vocal downtime, allergies, and acid reflux were found to be significant risk factors associated with voice problems in Jewish

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From the Department of Speech and Hearing, School of Allied Health Sciences, Manipal University, Manipal, Karnataka, India.

Address correspondence and reprint requests to Usha Devadas, Department of Speech and Hearing, School of Allied Health Sciences, Manipal University, Manipal, Karnataka 576104, India. E-mail: usha.d@manipal.edu

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cantors. Another questionnaire study conducted on Lutheran priests⁹ revealed that 18% of them were diagnosed with voice disorders, 24.5% sought help for voice problems, and 26.7% reported two or more frequently occurring symptoms. Overall, 21% of the priests were found to have current voice problems. These findings were significantly higher in female priests as compared with male priests. Further, the study results showed that 11.6% of the priests missed work due to voice problems once or several times a year. Throat clearing or coughing while talking, strained voice, and hoarseness were the most frequently reported vocal symptoms.

From the results of few studies in the literature, it is evident that priests are at a greater risk of developing voice problems. However, to date, to our knowledge, similar information pertaining to priests in India is not available. Hence, this study was designed to understand the prevalence of voice problems and associated risk factors among Mar Thoma priests working at different churches in the state of Kerala, India.

MATERIALS AND METHOD

Questionnaire

The standardized self-reported questionnaire in English language developed by Hocevar-Boltezar⁷ (Appendix S1) for studying the prevalence and risk factors for voice problems in priests was used in the present study by obtaining prior permission from the primary author. Prior to the data collection, the questionnaire in English was provided to 10 priests for assessing the familiarity of the items. As there was no ambiguity or difficulty reported by the priests in understanding the terminologies, the original questionnaire was accepted without any modifications for the present study. The questionnaire consisted of 22 questions and was intended to collect information on age, length of career, teaching religious lessons, voice disorders, causes of voice disorders (vocal load, respiratory tract infection, or others), daily vocal load, vocal habits (speaking loudly, shouting frequently, fast speaking rate, vocal rest when having voice problems), possible education about voice use, allergies, typical and atypical symptoms of gastroesophageal reflux (heartburn, regurgitation, pyrosis, and frequent throat clearing), sufficient hydration, and smoking.

Participants and data collection

Prior to data collection, the protocol was presented before the Institutional Ethical Committee. On its approval, the study was conducted in accordance with the stipulated guidelines. The investigator extracted information of about 400 priests working in different Mar Thoma churches of the Kerala state with the help of the "Sabha Directory of the Mar Thoma Church 2012–2013." This directory includes the name of the priest, the address of the church in which they are working, and the number of years completed in this profession. The self-reported questionnaires were given to these 400 priests along with a cover letter explaining the broad outline and purpose of the study, assurance of confidentiality, a consent form, and a preaddressed stamped envelope. The participation of the priests in the study was voluntary. The participants who were interested in participating in the study were asked to complete the 22-item questionnaire and

to return it to the researcher using the preaddressed envelope. The data were collected for a duration of 4 months between January and April, 2013.

Analysis

Descriptive statistics was used to describe the demographic information of the participants (age, years of experience, number of teaching hours per week, and average talking hours per day). The percentage was calculated to summarize the career and year prevalence. Independent sample *t* test was used to identify the differences between age, religious lessons per week, and speaking hours per day between the two groups of priests with frequent vocal symptoms and infrequent vocal symptoms. The Pearson chi-square test was used to examine the significant differences between the two groups of priests with respect to work experience, vocal behaviors and knowledge on vocal education. Adjusted and unadjusted odds ratio with a corresponding 95% confidence interval with Binary logistic regression with Wald forward selection criteria was used to assess the association between frequent vocal symptoms experienced by the priests and different influencing risk factors (demographic, vocational, lifestyle, and health). A *P* value less than 0.05 was considered to be statistically significant. All statistical analysis was performed using SPSS 15 (Software Package for Social Sciences, South Asia, Bangalore).

RESULTS

Of the 400 questionnaires that were sent, 280 were returned (response rate of 70%). The data were analyzed from 270 questionnaires after excluding 10 incomplete questionnaires. The demographic details such as age, years of work experience, number of teaching hours per week, and average talking hours of priests are given in Table 1.

The average age of priests was 49 years with 132 priests older than 50 years of age. Also, priests found to have a wide range of work experience and a number of teaching hours per week. In the further analysis, the work experience of the priests was divided into a 10-year range to explore if there was any influence of work experience on voice problem for ease of analysis.

Prevalence of voice problems

As shown in Table 2, the priests were asked to report whether they experienced any voice problem in their career (career prevalence) and since the last 1 year (year prevalence). If they

TABLE 1.
Demographic and Vocational Information of Priests

Demographics	Mean	Range	Standard Deviation
Age (years)	49.1	26–83	±11.6
Number of years into profession	21.7	1–54	±11.7
Number of teaching hours per week	6.30	1–35	±5.86
Average talking hours per day	4.45	0–19	±3.87

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