

Burnout Syndrome and Communication

Introduction

Many publications, articles, professional studies and other literature have been written about the burnout syndrome. The occurrence of the burnout syndrome is commonly observed in occupations that include an emotional interaction with people who are in some way dependent on the profession. Burnout is often associated with human service providers such as educators, health professionals, social workers, over-the-counter workers and the rescue system. One of the important stressors contributing to emotional burnout is lack of an efficient communication. Both verbal and nonverbal communication play a role. Interventions aimed at improving communication skills are one way to mitigate the risk of developing burnout.

People-Oriented Professions and Burnout Syndrome

Nowadays, the labour sector is in an alarming situation in terms of mental health. Problems described as chronic stress, anxiety, burnout or depression affect 1 in every 10 employees. (Puertas-Molero, 2018)

The best-known Maslach Burnout Inventory, the Freudenberger Burnout or the Mental Burnout Questionnaire are often used to test for burnout. (Honzák, 2013) There are also means to determine the level of burnout, for example Schirom and Melamed scales.

The Ptáček study presented a significant difference in burnout manifestations between the sexes. Women reported higher levels of burnout, both general and physical and mental. No significant gender difference was found at the level of emotional burnout. The study further describes that the average burnout level decreases with increasing age and no significant effect of age on the burnout level was found. (Ptáček et al., 2017)

Burnout syndrome is known as a symptomatic response to chronic work-related stressful situations and occurs commonly in the caring professions as well as in other professions that require direct contact with others. The history of this concept dates back to 1974, when Herbert Freudenberger observed working with drug addicts that most volunteers experienced progressive energy loss, exhaustion, symptoms of anxiety and depression, and demotivation at work. (Lozano, 2018)

These are therefore people-oriented professions. Among these professions, the prevailing norm is selflessness and prioritizing the needs of others. The organizational environment of these occupations is shaped by various social, political and economic factors, which result in a work environment characterized by high demands and low resources. The three key aspects of the burnout syndrome are overwhelming exhaustion, feelings of cynicism and depersonalization, and feelings of inefficiency and failure. (Maslach, 2016)

Classic examples of professions exposed by their nature are teachers of all levels of education, doctors and medical staff and professions in the field of security and service as well. In

the field of health care providers typical examples include staff providing acute care (ARO, intensive care units) and care for cancer patients or psychiatry.

In the field of education, despite the widespread beliefs of burnout being a challenging problem only for primary and secondary school teachers, it is also faced by university professors. (Zhang, 2008)

Among university teachers, 25% of them describe their work as exhausting and extremely stressful. Work overload, responsibility for the quality of teaching and a formation of future professionals, continuous participation in research and continuous contact with students and colleagues influence and invade their individual private lives. As a result, it reduces empathy, accentuates cynical attitudes and depersonalization, and other manifestations of burnout syndrome. (Puertas-Molero, 2018)

Research concerning with the manifestations of burnout in psychiatrists has shown that there is a link between burnout and poor care. There are changes in appearance (fatigue), behaviour (avoidance, weaker eye contact) and moods (irritability, poor communication).

Psychiatrists' work with demanding patients and their families is closely linked to the level of exhaustion and depersonalization. Burnout can also occur when a psychiatrist is the target of anger, hatred, and even violence as a result of negative transference. Workplace-related variables play a more stressful role than other factors and are therefore more likely to sustain burnout. These variables include overwork, long working hours, chronic staff shortages, heavy administrative burdens and lack of management support. Special risk factors related to psychiatry is the main work with clients who have experienced psychosocial trauma. The demands of these clients may cause "compassion fatigue". (Maslach, 2016)

The frequency of depressive disorders and suicides is higher among physicians than the general population. One of the risk factors is burnout. According to a survey by the college of surgeons, suicidal thoughts are associated with burnout, depressive symptoms and medical errors in the last 3 months. Many doctors, especially surgeons, suffer in silence and neglect the opportunity to connect with colleagues who have similar experiences.

Communication is paramount for identifying and addressing burnout, depressive symptoms, and suicide risks. Prompt communication, compassion, and sharing experiences is the first step in identifying distress and reducing stigma within the medical community. (Kashyap, 2019)

Communication as a tool to mitigate the risk of developing burnout

One of the important stressors contributing to emotional burnout is lack of communication. Both verbal and non-verbal components of communication play a role. On the contrary, interventions aimed at acquiring communication skills are one of the ways to mitigate the risk of developing a burnout syndrome.

Physicians should pursue to understand the way how the patient integrates and interprets often quite complex biomedical information in their daily lives. Otherwise, the dialogue between them takes place mostly as two parallel and separate monologues. Problematic communication with patients is thought to contribute to emotional burnout and low job satisfaction, as well as high psychological morbidity in clinicians. Ineffective communication also has a negative effect on patient care and causes stress in interactions between nursing staff, with colleagues, patients and their relatives. Given that a significant proportion of healthcare is provided by multidisciplinary teams, communication between and within teams must be clear and unambiguous in order to avoid mistakes. (Fallowfield, 2006)

Good communication occurs when members of both care-providing teams (surgical versus ICU) feel that they are being listened to and at the same time work with a common goal for the patient. Communication is then possible despite the many barriers existing between these teams. Poor communication then occurs when team members feel that their knowledge and experience are underestimated. Communication has the most meaningful effect on patients. (Kashyap, 2019)

The research on relationship between communication and burnout emphasizes a positive correlation between verbal aggression, impression manipulateness, questioningness, and emotional repertoire with components of burnout such as personal dissatisfaction or motivation to leave. On the contrary, precision in communication has a positive effect on the social climate component of the burnout syndrome. (Lozano, 2018)

Integrated humanized patient care requires effective communication, especially in highly psychosocially stressful situations (such as terminal conditions and emergencies), where comprehensive communication between health professionals, patients and family members is inevitable. In addition to stress, professional dissatisfaction and emotional exhaustion, lack of communication between healthcare professionals can lead to confusion and loss of trust among team members. (Lozano, 2018)

Nursing staff must be open to communication, which should be accurate (through the adequate interpretation of other people's thoughts, feelings and attitudes), with cognitive empathy, so that they are able to provide humanized care. It is therefore recommended to organize training in communication styles for nurses and to develop personal competencies that humanize their professional behaviour, cognitive empathy and accuracy in communication. (Lozano, 2018)

When analysing above mentioned communication skills among health professionals, doctors and nurses are rated best. Nursing support staff showed the weakest results. Men achieved higher levels of communication skills with the exception of empathy, personal success at work, and self-employment than women. Both sexes achieved the same levels in emotional exhaustion and depersonalization. The communication skills of the surveyed health

professionals were related to less emotional exhaustion and depersonalization and greater job satisfaction as well as self-employment. (Lozano, 2018)

An example from the field of nonverbal communication was the analysis of the effect of burnout syndrome on teachers.

Nonverbal immediacy usually includes a smile, vocal variations, eye contact, gestures, and relaxed body position.

The results of this study revealed a significant impact of teacher's burnout and nonverbal immediacy on student motivation and effective learning. Conscious nonverbal immediacy can mitigate the negative effect of a burnout syndrome on a teacher's motivation and effective learning, and can thus show a way to counter the syndrome and mitigate its consequences. The use of immediate behaviour (nonverbal immediacy), such as smile, eye contact and voice work etc., can increase students' motivation. (Zhang, 2008)

Non-verbal aspects of communication play a key role in lectures and contribute to building a successful relationship. The teacher's successful performance and learning process depends to a large extent on the teacher's ability to adequately improvise and maintain a close relationship with his students. In this context, it is necessary to highlight the paralinguistic manifestations, especially the tone of the voice, which enhances the teaching process and attracts students' attention. (Puertas-Molero, 2018)

Emotional preservation and clarity are positively reflected in non-verbal communication. The explanation for this is that people who often and adequately use body language are better able to understand and express their own feelings, as well as the feelings of others. Social relationships that encourage conflict resolution in stressful situations are much easier to generate using body language. The development of cynical attitudes is based on feelings of emotional exhaustion from work and generates defensive and self-protective behaviour. (Puertas-Molero, 2018)

The inability to communicate at one level can exacerbate the situation at many other levels with significant, long-lasting consequences. Understanding and realizing the value of effective communication is undoubtedly an important factor for the well-being of physicians, maintaining job satisfaction and minimizing the risk of burnout. (Kashyap, 2019)

By implementing adequate interventions and programs it's possible to significantly reduce emotional exhaustion, professional effectiveness and perceived stress. Positive trends in terms of satisfaction with communication skills, leadership skills and working relationships are also evident. (Kashyap, 2019)

For nursing staff dealing with oncology care, communication behaviour plays an important role in meeting the cognitive and affective needs of cancer patients. Inadequate communication skills can reduce a patient's openness, increase anxiety and reduce their satisfaction with treatment.

The communication problems are not rare and reported rate of nurses, who experienced communication problems with agitated patients, reached 84%. Furthermore 70% of them reported difficulties in communicating with terminally ill patients. (Onan, 2015)

The nurses do not perceive themselves as stressed. Such perceptions are influenced by individual, work and employee characteristics. The nurses themselves evaluate their communication skills positively, but when asked about communication difficulties, they state the difficulties in many areas. These areas include communication with agitated patients, bad and anxious families, patients suffering from pain and those who are in the terminal phase and refusing care. As the perceived level of stress increases, the nurses evaluate their own communication more negatively. Interventions to improve nursing communication reduce stress and risk of burnout. When nurses evaluate their general communication skills positively, decrease in the frequency of psychological symptoms and somatization can be observed. Therefore, improving their communication skills can support their own mental health and reduce the quality of care by reducing their communication problems. (Onan, 2015)

Ethics in connection with the burnout syndrome

Healthcare providers are involved in various medical organizations (e. g. hospitals, clinics) as well as non-medical structures (government programs) that significantly affect what health care is provided and to what extent. Healthcare professionals often question these commitments and may be frustrated and stressed by administrative, bureaucratic and financial pressures that go beyond ethical or value-oriented care to meet the above commitments. Examples of such situations are pressures to dismiss patients too soon, pressures to prevent patient admission due to expected costs and type of health insurance, ensuring a reduced scope of care for patients without sufficient insurance coverage, avoiding "less desirable" patients, failure to provide the necessary information and reserving insufficient time for visits. (Gabel, 2011)

The importance of ethical behaviour is also shown in the area of nursing care. A positive correlation was found between ethical decision-making and burnout syndrome in nurses, namely between burnout syndrome and the need to discontinue treatment, refuse treatment, and proceed to terminal sedation. Insufficient involvement of nurses in ethical decision-making was identified as a risk factor for this burnout. (Teixeira, 2013)

When there is a feeling of lack of professional values or unethical behaviour, many health professionals develop an internal conflict. The difficult reconciliation of their values and the critically perceived values of its organization then represents an incongruity of values.

Incongruence of values and moral strain are other, less known, means or ways to burnout. Incongruence of values predicts all three components of the burnout syndrome - exhaustion, cynicism and feelings of inefficiency. (Gabel, 2011)

Practices aimed at maximum profit and limiting the availability of resources may seem unethical in terms of value orientation and commitments of health professionals.

Some professional practices are considered unethical by almost all health professionals. An example is earning personal income for sending patients on certain examinations and procedures that are of financial interest. Non-acceptance of financially uninteresting patients with government insurance also belongs to this issue. However, opinions on some practices, such as sponsorship of symposia by pharmaceutical companies, may differ. When healthcare professionals see their colleagues in similar situations, they may experience feelings of conflict and confusion over ethical principles and values and potentially lead to burnout.

Providing health care is a moral act. The feeling of health care that it is not possible to provide such care as they consider good and what they consider their duty causes the conscience to stress. Stress of conscience in research has shown that it is able to explain up to 60 % of the variance in emotional exhaustion in the MBI (Maslach Burnout Inventory). (Gabel, 2011)

The possibility of influencing such a risk and increasing moral and work commitment lies in confronting a doctor, other health care professional or an organization perceived as unethical and helping to change these practices through professional discussion, negotiation and conflict resolution. The benefit of ethical and value orientation in the provision of health care does not only consist in satisfying the work performed ethically, but also in reducing the risk of developing the burnout syndrome with its personal and work consequences. (Gabel, 2011)

Conclusion

Interventions aimed at acquiring communication skills are one way to mitigate the risk of developing burnout. Interventions can be implemented at the level of individual, working groups or entire organizations. Many individual strategies include changes in the work system, the development of coping skills, the acquisition of social support, the use of relaxation strategies and the development of self-knowledge. (Maslach, 2016)

The path of self-knowledge can also be a prevention of burnout. It stabilizes the awareness of one's qualities, abilities, shortcomings, feelings, needs and desires. People are then able to orient themselves better, describe what bothers them, what they would like and what they would need in situations or conditions. One can get to know oneself, for example, in the form of self-reflection, feedback from the environment, interviews with experts, questionnaires and various tests.

The development and implementation of training programs to support communication skills related to personal and emotional competencies have proven to be effective in reducing mild mental disorders in situations with a high emotional impact. In clinical practice, mindfulness training or interventions aimed at improving soft skills are used. (Molero, 2021)

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