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Communication skills, working environment and burnout among oncology nurses

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A B S T R A C T

Purpose: To examine the association between communication self-efficacy, working environment perceptions and burnout in an Israeli sample of oncology nurses.
Methods: A non-randomized convenience sample of nurses ($n = 39$) was recruited from six oncology units in a major tertiary medical center in Israel. Measurements included a socio-demographic survey, the Maslach Burnout Inventory, a communication skills self-efficacy inventory and the Working Environment Scale.
Findings: Frequent experiences of emotional exhaustion were reported by >60% of participants, cynicism by 28%, and self-actualization by >80%. Several statistically significant associations were demonstrated between communication skills self-efficacy and burnout, as well as between cynicism and reported positive characteristics of the working environment.
Conclusions: In our study, emotional exhaustion and self-actualization were found to be separate and distinct experiences that can occur simultaneously. Communication self-efficacy and a positive perception of the working environment appear to buffer the occurrence of emotional exhaustion and promote self-actualization.

Background

According to the Israeli Ministry of Health registry, there were 54,899 nurses in Israel in 2007, among which 76% were registered nurses and 24% were licensed vocational nurses. There are no published formal current data as to how many of these are oncology nurses, but we do know that since the foundation of the postgraduate specialist oncology nurse training, which was established in 1978, there have been over 500 nurses who have completed the training (Bingley and Clark, 2009). This number has been further validated by additional available data (Israeli Oncology Nursing Society, 2010), according to which there are currently approximately 500 registered nurses who are members of the Israeli Oncology Nurses Society. Oncology nurses, in Israel, are deployed in community services, acute cancer hospital wards and palliative care units. In accordance with the growing interest in burnout among oncology nurses around the world, one published report was found about a group intervention that has been conducted for Israeli oncology nurses that aimed to alleviate stress and burnout (Yom-Tov-Golan and Ben-Ami, 2008). This is despite the fact that the occurrence of burnout has not yet been extensively investigated in Israel. In other terms, the program that was described by Yom-Tov-Golan and Ben-Ami (2008) as well as several additional programs in Israel has been conducted in order address the problem of burnout among oncology staff. This is done without any known systematic investigation of the burnout phenomenon (frequency and severity). The primary purpose of the current article, therefore, is to present preliminary results with a non-representative sample in which burnout is the dependent variable.

The concept of burnout was initially identified in the 70s by Freudenberg (1974). Freudenberg's description of burnout depicted idealistic young adults who worked hard and sacrificed their well-being for the benefit of the society while receiving little recognition and reward. Interest in burnout among nurses began in the early eighties [the first literature review we are aware of was published by Lavandero (1981)] with numerous studies that provided a considerable body of knowledge on the phenomena and some information about its etiology. Burnout was defined by Maslach and Jackson (1981, 1986) as a three dimensional syndrome which

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Table 1
Rates of burnout among oncology nurses: a literature review.

Authors, publication year	Population	Emotional exhaustion (%)	Depersonalization (%)	Self-actualization (%)
Sharma et al. (2008)	Great Britain and Ireland colorectal nurses ($n = 177$)	23.3	7.4	85.8 (High) 14.2 (Low)
Girgis et al. (2009)	Australia Health professionals with direct practice care ($n = 622$)	32.8	9.8	56.7 (High) 14.8 (Low)
Alacacioglu et al. (2009)	Izmir Turkey ($n = 56$)	5.4	5.4	100 (Low)
Bressi et al. (2008)	Haemato-oncology nurses in Italy ($n = 229$)	31.9	23.6	15.3 (Low)
Quattrin et al. (2006)	Oncology nurses in Italy ($n = 100$)	36	17	11 (High)

includes (i) emotional exhaustion (feeling emotionally drained by one's contact with our people), (ii) depersonalization (negative feelings and cynical attitudes toward the recipients of one's service or care), and (iii) reduced personal accomplishment (the tendency to evaluate negatively one's own work). This syndrome usually occurs among individuals who work with people in some capacity (Richardsen and Martinussen, 2004). Several studies were conducted in which the frequency of burnout symptoms among oncology nurses was monitored using the same measure [The Maslach & Jackson burnout inventory; Maslach and Jackson, 1986]. Findings of these studies are presented in Table 1.

The findings presented in Table 1 demonstrate a wide variance in the occurrence of burnout symptoms with differences between studies and among the symptoms themselves. For example, while emotional exhaustion symptoms occur only among 5.4% of the Turkish oncology nurses sample, its prevalence among the sample of Italian oncology nurses was found to be 36%. Depersonalization was found to be of a lower prevalence (5.4%) in the Turkish sample while a higher prevalence of 23.6% was found in an Italian sample. A large prevalence of high self-actualization (85.8%) was found in the United Kingdom sample, while 100% of low self-actualization was found in the Turkish sample. The variance of these findings can be interpreted as resulting from a large number of variables which may lie within intrapersonal, interpersonal, organizational, and cultural factors. A literature review we have conducted revealed several factors that were found to be associated with burnout experienced by health care staff and which can account for differences between studies.

To begin with, several studies have found significant associations between some socio-demographic variables and burnout symptoms. For example, in a study conducted by Alacacioglu et al. (2009), emotional exhaustion and depersonalization were significantly higher in the $\leq$29 years of age group than in the older age groups, while self-actualization scores were significantly lower. In a study conducted by Papadatou et al. (1994), cognitive factors, such as the sense of personal control over things that happen in life and work, were found to protect Greek oncology nurses from emotional exhaustion, depersonalization and lack of personal accomplishment. In a study conducted by Costantini et al. (1997), higher hardiness levels (a personal characteristic that is associated with resilience) were associated with lower emotional exhaustion and higher personal achievement scores among Italian oncology and AIDS nurses. In similarity with those results, Kash et al. (2000) reported that having a "hardy" personality helped to alleviate burnout in a sample of oncologists, nurses and other staff members somewhere in the United States. Kushnir et al. (1997) published an anecdotal description of a group intervention they have conducted among Israeli oncology nurses in order to alleviate the difficulties encountered in their role. They have summarized their experience suggesting the following factors as major contributors to the nurses' stress and burnout: increased tendency for irrational-dysfunctional thinking styles (mainly "demandingness" and "awfulizing"), diffuse boundaries between nurses and patients, and low professional self-efficacy. Bram and Katz (1989) reported the association between six organizational factors and burnout among two groups of nurses: hospice and hospital oncology. Significantly lower levels of burnout were found among the hospice nurses, as well as a significant association between burnout and the perception of inadequate support in the workplace in both groups. Within the hospice sample, dissonance between the ideal and real job situation correlated significantly with burnout. For the hospital group, burnout correlated significantly with hours of contact with patients and families, and with staff/patient ratio. Schraub and Marx (2004) demonstrated a sequence that involves several factors which interact among themselves in order to produce burnout. They claimed that insufficient personal time might lead to a sense of failure, followed by poor management and difficulties in staff or institution relationships. Petrova et al. (2005), in a survey conducted among a non-random sample of Bulgarian oncology nurses, reported that most of the respondents (98.5%) said that the pain experienced by patients was the most significant factor contributing to their emotional exhaustion. The next most common factor (59.4%) related to the impact of the patients' expressed fear of death. Indeed, several additional studies (Fairbrother and Paice, 2005; Hinds et al., 1994; Lewis, 1999) reported that oncology nurses who care for dying patients are at increased risk for burnout. This was explained as resulting from the long-term relationships they develop with patients and their families during lengthy treatment periods. An additional variable that has been assumed to be a predicting factor for burnout is the health provider's confidence in his/her communication skills while providing treatment, instruction, support and relief (Parker et al., 2009). Ramirez et al. (1995) reported that clinicians who felt insufficiently trained in communication and management skills had significantly higher levels of distress than those who felt sufficiently trained.

Although the association between communication skills and burnout has not yet been sufficiently empirically established, a recently published study (Girgis et al., 2009) reported the perceived need for communication skill training as being one of the main predictors of oncology nurse burnout in Australia. In fact, several practitioners have already suggested numerous communication skills training programs (e.g., Fallowfield and Jenkins, 1999; Cox et al., 2006; Stiefel et al., 2006; Turner et al., 2009). Fallowfield and Jenkins (1999) even concluded their experience of conducting a communication skills training program for physicians, by stating that communication skills should be considered as major factors contributing to lower levels of burnout. The same theme was discussed in a recently published paper (Parker et al., 2009), in which communication challenges were suggested to occur at key points across the cancer trajectory: diagnosis disclosure, treatment failure, transition to palliative care, and end of life discussions. The authors contend that communication strategies which address these key points are now viewed as essential skills which can positively affect both patient's welfare and levels of health providers' stress and burnout. In light of the importance of communication skills, and since its association with burnout has not yet been fully understood, the first aim of the current study is to further establish the association between nurses' communication skills self-efficacy and levels of burnout.